

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC -9 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Greek Islands Association, Inc.

N40594

2. Principal Office Address

3090 Cadiz Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

3090 Cadiz Rd.

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Boca Raton

Zip

33432

Country

USA

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0229354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Angela Spyredes

Street Address (P.O. Box Number is Not Acceptable)

3090 Cadiz Rd.

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Angela Spyredes

REGISTERED AGENT MUST SIGN

Date

12/6/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	Kathy Adair	10009 Carter Grove Road	Fredericksburg, VA 22408
TD	Joyce Maounis	5280 NE Fourth Terrace	Ft. Lauderdale, FL 33334
SD	Angela Spyredes	3090 Cadiz Rd.	Boca Raton, FL 33432

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angela Spyredes

561-866-
12/6/02 2889

12/10

CR2081 (9/01)

G R E E K I S L A N D S A S S O C I A T I O N

December 6, 2002

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Dear Sir or Madam:

Please find enclosed the reinstatement application, our check for \$61.25 (non-profit corporation) and ask that our penalty be waived since we did not receive the prior notices. I have updated the mailing address on the form for future correspondence.

If you need to contact me for any other information please do so at 561-866-2889.

Sincerely,



Angela Spyredes
Secretary
Greek Islands Association