PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 13 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47673

1. Corporation Name
NEOLAIA OF PASCO, INC.

Principal Place of Business
~~5540 FESTIVO DRIVE~~ 6602 GOVERNORS DR.
~~HOLIDAY FL 34690~~
NEW PORT RICHEY, FLA. 3465

Mailing Address
P.O. BOX 3056
HOLIDAY FL 34690

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-04

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 03/03/1992

5. FEI Number: 59-3136107 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
~~PRD~~ PD	~~ATHANASOULIS, HELEN~~ BIKAKIS, JEANNY	~~5540 FESTIVO DR.~~ 6602 GOVERNORS DR.	~~HOLIDAY FL~~ NEW PORT RICHEY, FLA 3465
~~VD~~ V-D	~~KALLIS, EFIE~~ VERGOS, GEORGE	~~9145 BIGELOW DR.~~ 7916 SLATE CT.	~~HOLIDAY FL~~ NEW PORT RICHEY, FLA 3465
~~SD~~ S.D	~~MATSANDOS, IRENE~~ VAVOULIS, TASIA	~~3550 LIGHTHOUSE WAY~~ 4223 RUDDER WAY	~~HOLIDAY FL~~ NEW PORT RICHEY, FL. 3465
T.D.	ZIANGOS, GARIFALIA	7916 SLATE CT.	NEW PORT RICHEY, FL 3465
			JBL-5-96

8. Name and Address of Current Registered Agent
~~ATHANASOULIS, HELEN~~ BIKAKIS JEANNY
~~5540 FESTIVO DRIVE~~ 6602 GOVERNORS DR.
~~HOLIDAY FL 34690~~ NEW PORT RICHEY, FL 3465

9. Name and Address of New Registered Agent
Name: BIKAKIS JEANNY
Street Address (P.O. Box Number is Not Acceptable): 6602 GOVERNORS DR.
Suite, Apt. #, Etc.:
City: NEW PORT RICHEY
State: FL
Zip Code: 3465

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-11/20/96--01017--017
****420.00 ****420.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 11/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☑ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF CORPORATE OFFICER OR DIRECTOR
Date: 11/96
Daytime Phone # (813) 938-4397