

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001927

1. Corporation Name

AHEPA 421 CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~350 NE 141 ST~~
~~N MIAMI FL 33161~~

~~350 NE 141 ST~~
~~N MIAMI FL 33161~~

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

2. New Principal Office Address, If Applicable
AHEPA 421 CHARITABLE FOUNDATION, INC.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
9820 S W 1st Court

Suite, Apt. #, etc.
9820 S W 1st Court

City & State
Plantation, Florida

City & State
Plantation, Florida

Zip **33324** Country
Broward

Zip **33324** Country
Broward

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1998

5. FEI Number

65 - 0846 796

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 director/s)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City/State/Zip |
|---------------|--|---|---|
| DP DP | ANDAMASAPIS, GEORGE Angelo Valavanis | 350 NE 141 ST, #303 1201 N.E. 199 St. | N MIAMI FL 33161 N. Miami Bch., Fl. 33179 |
| DV DV | CHIADIS, MICHAEL Emanuel Poulos | 1024 JOHNSON STREET 901 S W 128 Ave. # E309 | HOLLYWOOD FL 33010 Pembroke Pines, Fl. 33027 |
| DS DS/T | KARAYANNIS, PETER James P. Demos | 8700 NW 13 ST. 9820 S W 1st Court | PEMBROKE PINES FL 33024 Plantation, Fl. 33324 |
| DT | MARIKOS, NICK | 101 NW 135 ST. | N MIAMI FL 33168 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MONICHOUDIS, PERRY D.~~
~~4520 NE 18 AVE., STE. 101~~
~~FT. LAUDERDALE FL 33334~~

Name
James P. Demos
Street Address (P.O. Box Number is Not Acceptable)
9820 S W 1st Court
Suite, Apt. #, Etc.
Plantation, Fl. 33324
City
Plantation, Fl. 33324 State
FL Zip Code
33324

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 **1/20/2000**

11. 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 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 SIGNING OFFICER OR DIRECTOR

Sec/Treas.

1/20/2000 (954) 452-1050

Date

Daytime Phone #