


FROM

(MON) 11. 27, '00 13:37/ST. 13:36/NO. 4863333775 P 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000005161			
1. Corporation Name Hellenic Cultural Association of the Tampa Bay Area, Inc.			
2. Principal Office Address 3908 W. San Miguel St.		3. Mailing Office Address 3908 W. San Miguel St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33629	Country U.S.A.	Zip 33629	Country U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida August 27, 1999	
5. FEI Number 59-3593916	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$2.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Gus Paras	
Street Address (P.O. Box Number is Not Acceptable) 3908 W. San Miguel Street	
Suite, Apt. #, Etc.	
City Tampa	State FL
	Zip Code 33629

B. 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

REGISTERED AGENT MUST SIGN

Date 11/15/00

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
C, P, D	Rev. Konstantinos Kostaris	P. O. Box 271828	Tampa, Florida 33688
S, D	Marina Paras	3908 W. San Miguel St.	Tampa, Florida 33629
T, D	Gus Paras	3908 W. San Miguel St.	Tampa, Florida 33629
VP	George Bobotas	1245 N. Florida Ave.	Tarpon Springs, FL 34689

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:



Gus Paras

11/15/00

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : FOLEY & LARDNER OF TAMPA
Account Number : 071344001620
Phone : (813) 229-2300
Fax Number : (813) 221-4210

CORPORATION REINSTATEMENT

HELLENIC CULTURAL ASSOCIATION OF THE TAMPA BAY AREA,

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$245.00