

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -3 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005161**

1. Corporation Name

HELLENIC CULTURAL ASSOCIATION OF THE TAMPA BAY AREA, INC.

Principal Place of Business

Mailing Address

3908 W SAN MIGUEL ST.
TAMPA FL 33629

3908 W SAN MIGUEL ST.
TAMPA FL 33629

HR



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3593916

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPD	KOSTARIS, KONSTANTINOS REV	P.O. BOX 271828	TAMPA FL 33688
SD	PARAS, MARINA	3908 W SAN MIGUEL ST.	TAMPA FL 33629
TD	PARAS, GUS	3908 W SAN MIGUEL ST.	TAMPA FL 33629
VP	BOBATAS, GEORGE	1245 N. FLORIDA AVE	TARPON SPRINGS FL 33689

600024379806
11/03/03--01062--002 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARAS, GUS
3908 W SAN MIGUEL ST.
TAMPA FL 33629

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Gus Nick Paras
REGISTERED AGENT MUST SIGN

Date 10/27/03

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Gus Nick Paras
GUS NICK PARAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)