

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 AUG 12 PM 1:33

DOCUMENT # P00000011083

1. Corporation Name

Dimitri Company, Inc.

2. Principal Office Address - No P.O. Box #

Dr 2204 Altoona

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tall, FL

City & State

Zip

32309

Country

Leon

Zip

Country

Leon

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2-1-2008

5. FEI Number

59-3629794

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

Lee Petrandis

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

2204 Altoona Dr

Suite, Apt. #, Etc.

City

Tall, FL

State

FL

Zip Code

32309

600276010816
08/12/15--01004--020 **1200.00

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

Lee Petrandis

Date 8-12-15

REGISTERED AGENT MUST SIGN

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
Pres	Lee Petrandis	2204 Altoona Dr	Tall, FL 32309

REINSTATEMENT

2012-2015

10. E-mail Address: Greekpetra@AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Lee Petrandis

Lee Petrandis

Date 8-12-15

Daytime Phone # 556-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 21 2015