

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 5 PM 4:00

DOCUMENT # P00000018220

1. Corporation Name

PELAGOS MANAGEMENT, INC.

Principal Place of Business

POST OFFICE BOX 1246
803 NORTH SHORE DRIVE
ANNA MARIA FL 34216

Mailing Address

POST OFFICE BOX 1246
803 NORTH SHORE DRIVE
ANNA MARIA FL 34216

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

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

02/21/2000

5. FEI Number

52-2220330

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Philip Savopoulos	803 North Shore Drive	Anna Maria, FL 34216

800004917138--4
-02/13/02-01104-002
****300.00 ****300.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/4/02

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

CR2040 (8/01)

-2-



CBIZ Business Solutions, Inc.

7160 Columbia Gateway Drive
Columbia, MD 21046
Phone: 443.656.3027
Fax: 443.656.3100

January 31, 2002

Division of Corporations
Annual Report/Reinstatement Section
Attn. Mr. Dunlap, Document Specialist Supervisor
P.O. Box 6327
Tallahassee, FL 32314-6327

Corporation: Pelagos Management, Inc.
Document #: P00000018220

Dear Mr. Dunlap:

Enclosed please find an application for reinstatement of Pelagos Management, Inc. along with a check for \$300.00. Please consider our request to waive the \$600.00 reinstatement fee due to the fact that our client did not receive the 2001 Uniform Business Report.

Pelagos Management, Inc. has an excellent history of compliance with the Florida Department of State and has every intention to continue with due diligence. Please consider our request to waive this reinstatement fee. I look forward to your response. If you have any further questions, please call me at 443-656-3027.

Sincerely,

A handwritten signature in black ink, appearing to read "FH, CPA". The signature is fluid and cursive, with the initials "FH" being prominent.

Frank Harper, CPA

Enclosures

FH/tao