

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

00320

DOCUMENT # P00000021703

1. Corporation Name

SPYRIDOULA, INC.

FILED

02 JAN 17 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

THE BAVARIAN COLONY 435 PLAZA REAL
MIZNER PARK
BOCA RATON FL 33432

C/O THE BAVARIAN COLONY 435 PLAZA REAL
MIZNER PARK
BOCA RATON FL 33432



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****150.00 ****150.00

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

02/28/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEIN Number

Applied For

Not Applicable

City & State

City & State

605-115-3350

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	SHARON Chronopoulos	428 Plaza Real # 327	Boca Raton, FL 33432
P/D	George Chronopoulos	428 Plaza Real # 327	Boca Raton, A. 33432

REINSTATEMENT 01-02

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENBERG, JEFFREY L ESQ
1761 W. HILLSBORO BLVD., STE. 201
DEERFIELD BEACH FL 33442

Name: SHARON Chronopoulos
Street Address: 428 Plaza Real
Suite, Apt. #, Etc. # 327

City: Boca Raton

State: FL

Zip Code: 33432

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: Sharon Chronopoulos
REGISTERED AGENT MUST SIGN

Date: 1/14/01

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:

George Chronopoulos
VICE-PRESIDENT

Date

Daytime Phone #

CRJ040 (8/01)