

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR 30 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000031403

1. Corporation Name

Spyros & Sons, Inc

W/4000/0122

2. Principal Office Address

PO Box 381

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Groveland, FL

Zip

34736

Country

USA

City & State

Zip

Country

**REINSTATEMENT 02-04**

4. Date Incorporated or Qualified  
- To Do Business in Florida

4/1/2000

5. FEI Number

59-3635052

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

Seraphian Phillos

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

PO Box 381 4219 Worthington Place 100030133481

Suite, Apt. #, Etc.

03/09/04--01067--033 \*\*950.00

City

Groveland mascotte

State

FL

Zip Code

34736

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

*Seraphian Phillos*

Date

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
J	Seraphian Phillos	4219 Worthington Place PO Box 381	mascotte FL 34753 Groveland, FL 34736

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:

*Seraphian Phillos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04

Date

7575960009

Daytime Phone #

CR2E081 (01/04)

TR