

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 31 PM 2:57

DOCUMENT # **000000042158**

1. Corporation Name

Dean Tsoupe's, Inc.

200012704512
02/18/03--01053--021 **900.00

2. Principal Office Address

4491 62nd Ave N

Suite, Apt. #, etc.

110

City & State

Pinellas Park

Zip

33781

Country

Pinellas

3. Mailing Office Address

4491 62nd Ave N

Suite, Apt. #, etc.

110

City & State

Pinellas Park

Zip

33781

Country

Pinellas

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3696711

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

Tsoupe's, Dean

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

4491 62nd Ave N #

Suite, Apt. #, Etc.

#110

City

Pinellas Park

State
FL

Zip Code

33781

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

Dean Tsoupe's **Dean Tsoupe's**

REGISTERED AGENT MUST SIGN

Date

1/1/03

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
D	Tsoupe's, Dean	4491 62nd Ave N	Pinellas Park, FL 33781

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:

Dean Tsoupe's

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean Tsoupe's

Date

1/1/03 727-521-6323

Daytime Phone #

CR2E081 (9/01)