

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 10 AM 9:42

DOCUMENT # P00000063497

1. Corporation Name

TASO M. MILONAS, P.A.

2. Principal Office Address

1800 Second Street

Suite, Apt. #, etc.

Suite 884

City & State

Sarasota, FL

Zip

34236

Country

USA

3. Mailing Office Address

1800 Second Street

Suite, Apt. #, etc.

Suite 884

City & State

Sarasota, FL

Zip

34236

Country

USA

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida

6/29/2000

5. FEI Number

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

Taso M. Milonas

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

1800 Second St.

Suite, Apt. #, Etc.

Suite 884

City

Sarasota

State

FL

Zip Code

34236

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****758.75 ****758.75

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

Taso M. Milonas

REGISTERED AGENT MUST SIGN

Date Dec. 6, 2001

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/P	Taso M. Milonas	1800 Second Street, Suite 884 Sarasota, FL 34236	Sarasota, FL 34236

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:

Taso M. Milonas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 6, 2001 941-366-7773

Date

Daytime Phone # 222

CR2E081 (9/00)