

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 31 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700015179637  
04/02/03--01058--020 \*\*450.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000100006

1. Corporation Name

GEORGIOS PLAZA, INCORPORATED

2. Principal Office Address

101 OLD FERRY RD

Suite, Apt. #, etc.

APT. # 203

City & State

SHALIMAR, FL

Zip

32579

Country

USA

3. Mailing Office Address

101 OLD FERRY RD

Suite, Apt. #, etc.

APT. # 203

City & State

SHALIMAR, FL

Zip

32579

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-23-2000

5. FEI Number

59-3699131

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

EVANTHIA PETRAKIS

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

101 OLD FERRY RD

Suite, Apt. #, Etc.

APT. # 203

City

SHALIMAR

State

FL

Zip Code

32579

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

*Evantlia Petrakis*

REGISTERED AGENT MUST SIGN

Date 3-17-03

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	EVANTHIA PETRAKIS	101 OLD FERRY RD	SHALIMAR, FL 32579

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:

*Evantlia Petrakis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

Date

Daytime Phone #

850  
651-6107

gr 46

CR2E081 (10-02)

## GEORGIO'S PLAZA INC.

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Evanthia Petrakis  
101 Old Ferry RD  
APT. 20B  
Shalimar, Florida 32579

March 17, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Corporate Billing,

I am writing this letter to request a waiver of all penalties associated with the reinstatement of Georgio's Plaza , Incorporated, document number P00000100006. I am requesting the State's leniency due to the fact that I never received a Uniform Business Report, since inception of the corporation, nor have I received any bills or correspondence from the State indicating my delinquent status. I have enclosed a \$450.00 check to cover fees for CY 2001, 02, and 03 along with a reinstatement application. I thank you in advance for your assistance.

Sincerely,  
  
Evanthia Petrakis