

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000100695

1. Corporation Name

AEGEAN, INC.

Principal Place of Business

Mailing Address

21614 JUEGO CIR., APT. 25F
BOCA RATON FL 33433

21614 JUEGO CIR., APT. 25F
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10625 Santa Laguna Dr.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Zip Country
FL Palm Beach FL 33428

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2000

5. FEI Number

65-1055921

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	REID, MICHAEL	21614 JUEGO CIR., APT. 25F	BOCA RATON FL 33433
VSD	OZBAS-REID, BEHIRE F	21614 JUEGO CIR., APT. 25F	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent

REID, MICHAEL
21614 JUEGO CIR., APT. 25F
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name
REID, MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
10625 Santa Laguna Dr.
Suite, Apt. #, Etc.
City
Boca Raton
State
FL
Zip Code
33428

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

REGISTERED AGENT MUST SIGN

Date

10/20/2001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/2001

561
482-7466

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 AM 10:55



REINSTATEMENT 01

CR2000 (8/01)