

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
FOR
REINSTATEMENT.

DOCUMENT # P00000100695

1. Corporation Name

AEGEAN, INC.

Principal Place of Business

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

Mailing Address

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

Zip

FL Country Zip Palm Beach FL 33428

City & State

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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
			900004719149-- -12/11/01-01074-023 ****750.00 ****750.00
			<i>REID, MICHAEL</i>

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

Michael Reid

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:

Michael Reid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2001 (561) 482-7466
Date Daytime Phone #

CR2E049 (8/01)