

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000099008

## 1. Corporation Name

S &amp; P ENTERPRISES OF PALM BEACH, INC.

## 2. Principal Office Address

821 SOUTH DIXIE HIGHWAY

## 3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

LAKE WORTH, FL

City &amp; State

Zip

33460

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/2001

## 5. FEI Number

65-1148868

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

MICHAEL J MCGOEY, CPA, INC

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

639 EAST OCEAN AVENUE

Suite, Apt. #, Etc.

SUITE 101

City

BOYNTON BEACH

State  
FLZip Code  
33435

## 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

Date 01/12/04

REGISTERED AGENT MUST SIGN

## 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
PTD	FRANGISKAKIS, Panagiotis	821 SOUTH DIXIE HIGHWAY	LAKE WORTH FL 33460
SD	FRANGISKAKIS, Spyridon	821 SOUTH DIXIE HIGHWAY	LAKE WORTH FL 33460

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)(f), 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

01/12/04

Date

Daytime Phone #

REINSTATEMENT 02-03

1/16/04 01005 003 \$1,050.00

CORP/001 (10/02)