PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 SEP 26 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-05

CR2E081 (8/05)

DOCUMENT # P01000109988

1. Corporation Name
Pthios Greek Shop, Inc

2. Principal Office Address	3. Mailing Office Address
2122 N. Flamingo Rd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines FL
Zip: 33028 Country: U.S.A.	Zip: 33028 Country: U.S.A

4. Date Incorporated or Qualified To Do Business In Florida: 11-16-01

5. FEI Number: 65-1152899 ☐ 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: Kar. Gannomatos

Street Address (P.O. Box Number is Not Acceptable): 1302 NW 139th Ave

Suite, Apt. #, Etc.:

800060060948
09/29/05--01014--005 **450.00

City: Pembroke Pines FL State: FL Zip Code: 33028

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: K. Gannomatos Date: 9/22/05
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
PD	Michail Gannomatos	1302 nw 139th ave	Pembroke Pines FL 33028

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: K. Gannomatos 9/22/05 954-270-2418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/27 ew