

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JAN -4 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001579

1. Corporation Name

Dean Equities Corp.

REINSTATEMENT 04-06

2. Principal Office Address  
9595 Collins Ave

3. Mailing Office Address  
5590 NE 31st Avenue

Suite, Apt. #, etc.  
Cabana N-101

Suite, Apt. #, etc.

City & State  
Miami Beach, Florida

City & State  
Ft. Lauderdale, Florida

Zip  
33154

Country

Zip  
33308

Country

CR2E081 (12/05)

T. Roberts 1/13/06

4. Date Incorporated or Qualified  
To Do Business in Florida January 2, 2002

5. FEI Number  
90-0001295

☒ 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  
Anastasios Varkatzas

Street Address (P.O. Box Number is Not Acceptable)  
5590 NE 31st Avenue

Suite, Apt. #, Etc.

City  
Ft. Lauderdale

State Zip Code  
FL 33308

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

REGISTERED AGENT MUST SIGN

Date 1/13/06

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
P	Anastasios Varkatzas	5590 NE 31st Avenue	Ft. Lauderdale, FL 33308

100062653451  
01/20/06--01/05/06--015 \*\*1050.00

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 contained in Chapter 119, 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:

ANASTASIOS VARKATZAS

1/13/06

718 6727112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #