

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 27 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000015838

1. Corporation Name

SELETOS CONSULTING, INC.

2. Principal Office Address

2403 PALM DRIVE

Suite, Apt. #, etc.

UNIT 6

City & State

TAMPA, FL

Zip

33629

Country

USA

3. Mailing Office Address

2615 W TYSON AVENUE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33611-4530

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2002

5. FEI Number

90-0009063

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

PHILIP M. SHASTEEN

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

100 NORTH TAMPA STREET

Suite, Apt. #, Etc.

SUITE 1800

City

TAMPA

State

FL

Zip Code

33602

200029486422
02/27/04-01006-020 **75.00

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 FEBRUARY 23, 2004

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
D	KATHERINE SELETOS	2615 W TYSON AVENUE	TAMPA, FL 33611-4530

200029486422
02/27/04-01006-021 **150.00

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 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

2/15/04
Date

(813) 282-3999
Daytime Phone #