PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 30 PM 3:14

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02/12/04--01035--027 **150.00

REINSTATEMENT 03-04

DOCUMENT # P0 2000026164

1. Corporation Name
IKAROS CONSTRUCTION, INC.

2. Principal Office Address	**3.** Mailing Office Address
116 S. Duncan Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State
Zip: 33755 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 3/8/02

5. FEI Number 01-0621018 ☐ 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: Peter Gemelas

Street Address (P.O. Box Number is Not Acceptable): 116 S. Duncan Ave

Suite, Apt. #, Etc.:

City: Clearwater State: FL Zip Code: 33755

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 1/29/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres.	Peter Gemelas	116 S. Duncan Ave	Clearwater, FL 33755
V.Pres	Mary E. Gemelas	116 S. Duncan Ave	Clearwater, FL 33755
Sec.	Sam Goodman	260 Monterey Dr.	Naples, FL 34119

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: _____ 1/29/04 2399483288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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IKAROS CONSTRUCTION
116 S DUNCAN AVE
CLEARWATER, FL 33755
PHONE: 239-948-3288
FAX: 239-948-3286

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATE FILINGS
REINSTATEMENTS

RE: DOC # PO2000026164

TO WHOM IT MAY CONCERN:

On May 5, 2003 you received our check in the amount of $150.00. We forgot to add our Federal ID number and you sent it back to us, however, we never received the form. You seem to have an invalid address for our Corporation. Our address is 116 S Duncan Ave. Clearwater, FL 33755.

We are enclosing a reinstatement form and a check in the amount of $150.00 for this year, 2004. Please feel free to contact us at the number above if you have any further questions.

Regards,

Peter Gemelas
President
Ikaros Construction, Inc.