PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORMING

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のろ CORPORATI	₹ 10 ₹0 € 3 ₹ ₹ € ♥	FLORIDA DEPARTMENT OF STA			
REINSTATEM	IENI	DIVISION OF CORPORATIONS	SECRETARY OF S TALLAHASSEE, FL	IATE ORIDA	
DOCUMENT	-#P0200D	031823	ENT 03		
1. Corporation Name		S STATE CASE IN SECTION			
Juris	s Title I	NC.			
2. Principal Office Address 5811 Memorial Huy		3. Mailing Office Address	20002542312 12/11/0301043006 **	.2 ∗185.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida		
City & State Tampa FL		City & State	5. FEI Number 8	5. FEI Number 8 2657 Applied For Not Applicable	
Zip 33615	Hillshorag	Zip Country		litional Fee required	
7. Name and Address of Current Registered Agent					
Name	Name Demetrios Voiklis				
Street Add	Street Address (P.O. Box Number is Not Acceptable) 1810 Bayside Village D.				
Suite, Apt	Suite, Apt. #, Etc. 201				
E City	Tampa	State Zip Code 33615	-		
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 Dat					
Signature of Registered Agent Date 12 9103					
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 Officer and/or		City / State / Zip	
PD	Demetrios Voiklis see above				
			60		
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 of 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: 12-9-03 813-901-2222					
1	GNATURE AND TYPED OR PR	INTER NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Ph	one #	

Demetrios Voiklis Esq. 5811 Memorial Hwy Suite 107 Tampa, FL 33615 813-901-8222

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

December 9, 2003

Dear Madam or Sir:

I spoke with customer service representative concerning the current status of my corporation. I changed residences last year and I have had problems receiving mail. I never received the documents needed to keep the corporation status active. Also, the corporation wasn't being used until now. I would like to request that the 600 fee for the missed filings be waived. I also included a request for a change in location and included my current address. Thank you for your consideration. Should the request be denied please contact me immediately and I will forward the additional funds. My cell phone # is 813-789-4344.

Sincerely,

Demetrios Voiklis Esq.