CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -5 AM 11: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/25/06--01044--019 **1058.75

CR2E081 (8/05)

DOCUMENT # P02000074646

1. Corporation Name

Lygnos Law Firm, PA

2. Principal Office Address	3. Mailing Office Address
115 South Newport Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Tampa, FL	

Zip	Country	Zip	Country
33606	U.S.		

4. Date Incorporated or Qualified To Do Business in Florida — **7/8/2002**

5. FEI Number — 14-1839118 / 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

Michael Lygnos

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

115 South Newport Avenue

Suite, Apt. #, Etc.

City	State	Zip Code
Tampa	FL	33606

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 ✓ 5/1/06

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
P D	Michael Lygnos	115 South Newport Avenue	Tampa, Fl. 33606

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: ✓ _____ Michael Lygnos ✓ 5/1/06 813-259-9494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #