

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 27 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO2000100057*

1. Corporation Name
THEOPHANIA, INC.

2. Principal Office Address
701 N PINELLAS AVENUE

Suite, Apt. #, etc.

City & State
TARPON SPRINGS

Zip *34689* Country
FLORIDA USA

3. Mailing Office Address
701 N PINELLAS AVENUE

Suite, Apt. #, etc.

City & State
TARPON SPRINGS

Zip *34689* Country
FLORIDA USA

4. Date Incorporated or Qualified
To Do Business in Florida *PO/05/02*

5. FEI Number
32-0030721

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
NICHOLAS MATSIS

Street Address (P.O. Box Number is Not Acceptable)
701 N PINELLAS AVENUE

Suite, Apt. #, Etc.

City
TARPON SPRINGS

State Zip Code
FL 34689

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

[Signature]

REGISTERED AGENT MUST SIGN

Date JUNE 22, 2005

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	NICHOLAS MATSIS	701 N PINELLAS AVENUE	TARPON SPRINGS FL 34689
SECY	KATHLEEN MATSIS	701 N PINELLAS AVENUE	TARPON SPRINGS FL 34689

700056575347
*06/27/05--01054--010 **458.75*

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] (NICHOLAS MATSIS)

Date

6/23/02

Daytime Phone #

727/937-7229

CR2E081 (01/05)

**NICHOLAS MATSIS
701 N PINELLAS AVENUE
TARPON SPRINGS, FL 34689**

June 23, 2005

**DEPARTMENT OF STATE
DIV OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL. 32314**

To Whom It May Concern:

Enclosed please find my check in the amount of \$458.75 as a Reinstatement fee in accordance with my recent conversation with Mr. Gary Blankenbaker. at your Tallahassee Office.

This represents \$450.00 as a reinstatement fee and \$8.75 for a certificate of Status.

Note that I have never received any Annual Filing Forms and was not aware until I Called the DBPR on another matter that this had expired as of 9/16/03. I did not receive any forms in the past and request that you advise me at this time if any additional filings are due or past due. Thank you.


Nicholas Masis