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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

DOCUMENT # P02000101659

1. Corporation Name

TZITAS CORPORATION INC

REINSTATEMENT 03-04

700035554587
05/06/04--01018--007 **300.00

700035554587
05/06/04--01018--006 **8.75

MRS

2. Principal Office Address

2111 N. FLAGLER DR

Suite, Apt. #, etc.

APT #28

City & State

WEST PALM BEACH

Zip

33407

Country

PALM BEACH

3. Mailing Office Address

2111 N. FLAGLER DR

Suite, Apt. #, etc.

APT #28

City & State

WEST PALM BEACH

Zip

33407

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

09.19.2002

5. FEI Number

55-0798070

☒ 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

MARCO ANTONIO TZITAS

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

2111 N. FLAGLER DR

Suite, Apt. #, Etc.

APT #28

City

WEST PALM BEACH

State
FL

Zip Code

33407

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 04.28.04

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
PRESIDENT	MARCO A. TZITAS	2111 N. FLAGLER DR #28	WEST PALM BEACH FL 33407

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:

MARCO A. TZITAS - PRESIDENT

04/28/04

(561) 385-132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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Florida Department of State
Secretary of State
Division of Corporations

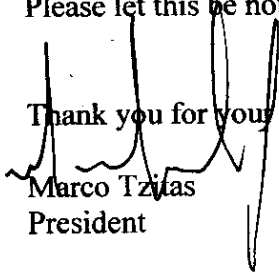
4/28/04

To Whom It May Concern;

The purpose of this letter is to attempt to reinstate my corporation. I never received the annual report form for 2003.

Please let this be noted so I may reinstate said corporation for the year of 2004.

Thank you for your cooperation in this matter,



Marco Tzitas
President

Tzitas Corporation, Inc.
2111 North Flager Drive Suite 28
West Palm Beach, FL
33407