

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000111860**

1. Corporation Name

**VASOS, INC.**

**FILED**  
04 JUN 17 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9713 66TH STREET NORTH  
PINELLAS PARK FL 33782

9713 66TH STREET NORTH  
PINELLAS PARK FL 33782



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/17/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

02-0647294

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	SARAFONOULOS, PANAGIOTIS	9713 66TH STREET NORTH	PINELLAS PARK FL 33782
VD	SARAFONOULOS, PANAGIOTIS	9713 66TH STREET NORTH	PINELLAS PARK FL 33782

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06/04/04--01076--002 \*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SARAFONOULOS, PANAGIOTIS  
9713 66TH STREET NORTH  
PINELLAS PARK FL 33782

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

June-3-04

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June-3-04 (727)698-0844  
Date Daytime Phone #

CRE040 (7/03)