

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000039215

1. Entity Name  
YIANNIS AUTO REPAIR INC



FILED

2008 MAR 17 AM 7:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08  
02252008 REIN.P CR2E088 (1/07)

Principal Place of Business  
6315 MASSACHUSETTS  
NEW PORT RICHEY, FL 34653

Mailing Address  
8304 EVERGREEN AVE  
BROOKSVILLE, FL 34613

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6315 MASSACHUSETTS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW PORT RICHEY FL

Zip

Country

Zip

Country

34653

USA

4. FEI Number

59-1018021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IOANNIS TZOBANAKIS  
8304 EVERGREEN AVE  
BROOKSVILLE, FL 34613

Name

IOANNIS TZOBANAKIS

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

6315 MASSACHUSETTS AVE

City

NEW PORT RICHEY

FL

Zip Code

34653

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/08

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME IOANNIS TZOBANAKIS  
STREET ADDRESS 6315 MASSACHUSETTS  
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08 (727) 845-3344

DATE MAR 17 2008