

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

06 MAR 17 PM 12:09

DOCUMENT # P03000076804

1. Corporation Name

ZACHOS, INC.

2. Principal Office Address

246 S. BEACH ST

Suite, Apt. #, etc.

3. Mailing Office Address

246 S. BEACH ST

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

Zip  
32114

Country  
USA

Zip  
32114

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/2003

5. FEI Number

43-2022030

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

CHRISTINA C. ZACHOS

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

246 S. BEACH ST

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32114

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

*Christina Zachos*

REGISTERED AGENT MUST SIGN

Date MARCH 16, 2006

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
PD	CHRISTINA C. ZACHOS	246 S. BEACH ST	DAYTONA BEACH FL 32114

300069061403  
03/20/06 01059 002 \*\*\*450.00

REINSTATEMENT

0406

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 contained in Chapter 119, 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:

*Christina Zachos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 16, 2006

Date

Daytime Phone #

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TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2004, 2005 AND IM ALSO INCLUDING 2006 TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
\_\_\_\_\_  
CHRISTINA C. ZACHOS  
PRESIDENT