

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 30 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000091621

1. Corporation Name

BOUZIOS INC

2. Principal Office Address - No P.O. Box #

1293 Lear Ct.

3. Mailing Office Address

1293 Lear Ct.

Suite, Apt. #, etc.

Cantonment, FL

Suite, Apt. #, etc.

City & State

Cantonment, FL

City & State

Cantonment, FL

Zip

32533

Country

Escambia

Zip

32533

Country

Escambia

700182781127

07/01/10--01001--025 **1208.75

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/20/03

5. FEI Number

81-0628891

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 J. Bouzios

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

1293 Lear Ct.

Suite, Apt. #, Etc.

City

Cantonment

State

FL

Zip Code

32533

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 6-30-10

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
P	Nicholas Bouzios	1293 Lear Ct	Cantonment, FL 32533

REINSTATEMENT 07+10

RLK

10. E-mail Address: nickela2002 At Yahoo . Com
(To be used for future annual report notification)

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. I further certify, 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

6-30-10 850-698 5044

Date

Daytime Phone #