

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 28 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000102020

1. Entity Name
ITALIAN & GREEK, INC.



Principal Place of Business
6777 MANATEE AVENUE WEST
BRADENTON, FL 34209

Mailing Address
6777 MANATEE AVENUE WEST
BRADENTON, FL 34209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number

73-1679876

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

~~TSOULEAS, VASILIOS~~
~~4814 SHELL STREAM DRIVE~~
~~NEW PORT RICHEY, FL 34652~~

Name
ANGELOS LOUCAREAS
Street Address (P.O. Box Number is Not Acceptable)
6777 MANATEE AVE. W.
City BRADENTON FL Zip Code 34209

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 of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-12-04

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$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 PD
NAME TSOULEAS, VASILIOS
STREET ADDRESS 4814 SHELL STREAM DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400041901424
10/15/04--01045--006 **150.00 ☐ Change ☐ Addition

TITLE VD
NAME LOUCAREAS, ANGELOS
STREET ADDRESS 2303 FIRST STREET
CITY-ST-ZIP BRADENTON, FL 34208 ☐ Delete

TITLE P/S/T
NAME LOUCAREAS, ANGELOS
STREET ADDRESS 6777 Manatee Ave. W.
CITY-ST-ZIP Bradenton, FL 34209 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

10-12-04

Date

Daytime Phone #