

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

08 FEB -6 AM 11:17

DOCUMENT # P04000013056

**1. Corporation Name**

THE ANCIENT GREEK INC.

800117246408  
02/06/08--01013--015 \*\*608.75

CR2E081 (12/07)

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

700 FIRST STREET SOUTH

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL

Zip

33880

Country

**3. Mailing Office Address**

700 FIRST STREET SOUTH

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL

Zip

33880

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/21/2004

**5. FEI Number**

20-0653707

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**7. Name and Address of Current Registered Agent**

Name

GEORGE A. LONG III

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

700 FIRST STREET SOUTH

Suite, Apt. #, Etc.

City

WINTER HAVEN FL

State

FL

Zip Code

33880

**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

*George A. Long III*

REGISTERED AGENT MUST SIGN

Date *1/21/08*

**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/D	GEORGE A. LONG III	700 FIRST STREET SOUTH	WINTER HAVEN FL 33880

REINSTATEMENT

*2/7/08*  
*05-08*

**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:

*George A. Long III*

GEORGE A. LONG III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/21/08*

Date

863-293-3335

Daytime Phone #