

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000016035

1. Entity Name  
PETER GARIDIS ENTERPRISES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC -8 AM 8:11

Principal Place of Business  
6315 BISCAYNE DR  
NORTH PORT, FL 34287

Mailing Address  
4040 HIGBEE STREET  
PORT CHARLOTTE, FL 33948



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

3. Mailing Address  
2432 AUBURN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
PORT CHARLOTTE FL

Zip

Country

Zip

Country

33948

USA

12012008 REIN-P CR2E098 (1/07)

4. FEI Number  
20-0669774

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARIDIS, PETER  
4040 HIGBEE STREET  
PORT CHARLOTTE, FL 33948

7. Name and Address of New Registered Agent

Name

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

2432 AUBURN BLVD

City

PORT CHARLOTTE

FL

Zip Code

33948

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)

PETER GARIDIS

12/4/08  
DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, 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

TITLE PSTD ☐ Delete  
NAME GARIDIS, PETER  
STREET ADDRESS 6315 BISCAYNE DR  
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2432 AUBURN BLVD  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100133133541  
CITY-ST-ZIP 12/18/08--01028--012 \*\*150.00

TITLE ☐ Change ☐ Addition  
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

12/4/08  
Date

Daytime Phone #