2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000101432

Entity Name: ATHENS RESTAURANT EQUIPMENT CORP.

FILED Apr 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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3017 KEY HARBOR DRIVE 6351 49TH STREET NORTH SAFETY HARBOR, FL 34695 US PINELLAS PARK, FL 33781 US

Current Mailing Address: New Mailing Address:

3017 KEY HARBOR DRIVE 6351 49TH STREET NORTH SAFETY HARBOR, FL 34695 US PINELLAS PARK, FL 33781 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHRISTOPOULOS, SOTIRIOS

3017 KEY HARBOR DR

SAFETY HARBOR, FL 34695 US

CHRISTOPOULOS, TIMOTHY
6351 49TH STREET NORTH
PINELLAS PARK, FL 33781 US

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.

SIGNATURE: TIMOTHY CHRISTOPOULOS 04/12/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIRE () Delete Title: (X) Change () Addition CHRISTOPOULOS, SOTIRIOS CHRISTOPOULOS, TIMOTHY Name: Name: 3017 KEY HARBOR DRIVE 6351 49TH STREET NORTH Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 US City-St-Zip: PINELLAS PARK, FL 33781

Title: DIRE (X) Delete Title: () Change () Addition

 Name:
 CHRISTOPOULOS, PETER
 Name:

 Address:
 7925 3RD AVENUE SOUTH
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33707 US
 City-St-Zip:

Title: DIRE (X) Delete Title: () Change () Addition

 Name:
 CHRISTOPOULOS, ANDREW
 Name:

 Address:
 48 WEST PARK STREET
 Address:

 City-St-Zip:
 TARPON SPRINGS, FL 34689 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY CHRISTOPOULOS P 04/12/2006