

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 APR -9 PM 3:09

DOCUMENT # P06000056796

1. Corporation Name

MIKE & LISA'S CRICKETERS, INC.

100122717211  
04/09/08--01026--012 \*\*300.00

CR2E081 (12/07)

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

2056 BELLHURST DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

2056 BELLHURST DRIVE

Suite, Apt. #, etc.

City & State

DUNEDIN, FLORIDA

Zip

34698

Country

USA

City & State

DUNEDIN, FLORIDA

Zip

34698

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

APRIL 20, 2006

5. FEI Number

20-4754366

☐ 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

MIKE IOANNOU

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

2056 BELLHURST DRIVE

Suite, Apt. #, Etc.

City

DUNEDIN

State

FL

Zip Code

34698

☒ 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.

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

Date APRIL 1, 2008

REGISTERED AGENT MUST SIGN

**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	MIKE IOANNOU	2056 BELLHURST DRIVE	DUNEDIN, FLORIDA 34698
S/T/D	LISA IOANNOU	1773 NANTUCKET	PALM HARBOR, FLORIDA 34683

REINSTATEMENT

07-08

B 4/9/08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2008

Date

Daytime Phone #

# JAMES R. STEARNS, P.A.

ATTORNEY AT LAW

page 2 of 2

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DUNEDIN, FLORIDA 34698  
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JIM@JSTEARNSLAW.COM

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April 1, 2008

OF COUNSEL  
HARPER, KYNES & GELLER, P.A.

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

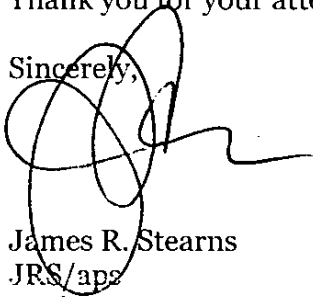
RE: Mike & Lisa's Cricketers, Inc.

Dear Sir/Madam:

Enclosed please find an original Corporation Reinstatement together with our check in the amount of \$300.00 representing filing fees for the dissolved year of 2007 and the current year's filing fees. Please note that my client did not receive any mailing for 2007 and was incorporated in April 2006. We would therefore request a waiver of the reinstatement fees.

Thank you for your attention to this matter.

Sincerely,



James R. Stearns  
JRS/apg  
Encl.