

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 AUG 18 PM 3:57

ALL HASSEE FLORIDA

DOCUMENT # **P12000066598**
1. Corporation Name
Greek Para and Things, Inc.

2. Principal Office Address - No P.O. Box # 14920 Louis St Suite, Apt. #, etc. 0		3. Mailing Office Address 14920 Louis St Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33176	Country USA	Zip 33176	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida July 31, 2012	
5. SET Number 80-0837040	Applied For <input type="checkbox"/> 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
Brian S. Albury
Street Address (P.O. Box Number is Not Acceptable)
10519 SW 216th St
Apt A
Suite, Apt. #, Etc.
Cutler Bay
City
Cutler Bay State
FL Zip Code
33190

200276178752
08/18/15--01020--010 **1050.00

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 **Brian S. Albury** Date **Aug 10, 2015**
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
CEO	Brian S. Albury	10519 SW 216th St Apt A	Cutler Bay, FL 33190
S (Secretary)	Shawna Albury	14920 Louis St	Miami, FL 33176
T (Treasurer)	Juanita Albury	14920 Louis St	Miami, FL 33176
			S. HAWKES
			Aug 19 A.M.
			EXAMINER

10. E-mail Address: **+n78876@yahoo.com**
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **Brian S. Albury** Date **Aug 10, 2015** 786-242-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR