

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

07 SEP -6 PM 2:56

DOCUMENT # P25934

1. Corporation Name

Drizos Investments, Inc.

2. Principal Office Address - No P.O. Box #
560 Broadway St.

Suite, Apt. #, etc.

City & State
Longboat Key

Zip
34228

Country
Manatee

3. Mailing Office Address
8724 SR 70 East

Suite, Apt. #, etc.

#177

City & State
Bradenton, FL

Zip
34202

Country
Manatee

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **9/8/1989**

5. FEI Number
84 0940766

☐ 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
Nicholas G. Drizos

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

Suite, Apt. #, Etc.

City
Longboat Key

State
FL

Zip Code
34228

☒ 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

Nicholas G. Drizos

REGISTERED AGENT MUST SIGN

Date

9-4-2007

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
President	Nicholas G. Drizos	560 Broadway St.	Longboat Key, FL 34228
Secretary	Nicholas G. Drizos	560 Broadway St.	Longboat Key, FL 34228

REINSTATEMENT

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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:

Nicholas G. Drizos, Pres. **NICHOLAS G. DRIZOS, Pres.** **9-4-07** **941-362-0161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #