

APPLICATION
FOR
REINSTATEMENT



Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92000006749

1. Corporation Name

Principal Place of Business

Mailing Address

1922 Cove Lane
Clearwater, FL 33764

- same -

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

-same-

3 New Mailing Office Address, If Applicable

-same-
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

11/20/1992

5. FEI Number

59-3165811

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	Elias Kardassis	1922 Cove Lane	Clearwater, FL 33764
			400002948844--8 -08/03/99--01043--014 ****900.00 ****300.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name _____

Stavros Tingirides, Esq.

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

2469 Enterprise Road

Suite, Apt. #, Etc.

City

Clearwater,

State	FI
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Zip Code
33763

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date _____

7/26/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

7/19/99

(727) 596-0491