

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 24 PM 3:58

DOCUMENT # P92000011305

1. Corporation Name

DISTINCT DESIGNS BY GIORGIO, INC.

Principal Place of Business

Mailing Address

8100 ULMERTON RD
LARGO FL 34641

8100 ULMERTON RD
LARGO FL 34641



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3160240

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KRATIMENOS, DIMITRA	2010 MAGNOLIA DR.	CLEARWATER FL 33764

400003455354--1
-11/07/00--01080--008
****150.00 ****150.00

10/11/2

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRATIMENOS, PETER
8100 ULMERTON RD
LARGO FL 34641

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 10/19/00

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., 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

Date

Daytime Phone #

10/19/00 727-530-3780

CR2E040 (8/00)

10/19/00

(2)

To whom it may concern,

After not receiving my forms the 1st time, I called and they re-sent ~~them~~ to me the 2000 UBR. I filled it out and sent a check along w/ it for \$150.00. They sent it Back to me because it was not completed correctly. They also sent the check Back and gave me 30 days to respond.

I re-sent it with the same check and I then received a notice of dissolution. I am sending you copies of what I sent Back, (Item A), because I do not have originals, after sending them to you, and you not receiving them. I am also sending you a new check for \$150.00 to reinstate the loan. Your prompt attention in this matter will be greatly appreciated.

727-530-3780

Any questions please call

Thank you
DBG-IR