

**APPLICATION
FOR 96-97
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC 29 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000039611

1. Corporation Name

HRISTOS, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
660 LINTON BLVD.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

3. New Mailing Office Address, If Applicable
660 LINTON BLVD.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/01/93

5. FEI Number

65-0414000

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
PD	ANGELOPOULOS, DMITRIOS	5707 S. OLIVE AVE.	WEST PALM BEACH, FL 33405
STD	ANGELOPOULOS, IRENE	5707 S. OLIVE AVE.	WEST PALM BEACH, FL 33405

REINSTATEMENT 96-97

400002350704-7
-01/06/98-01036-003
***423.75/24/97

8. Name and Address of Current Registered Agent

KOGON, ROBERT K.
1260 S. FEDERAL HWY.
SUITE 201
BOYNTON BEACH, FL 33435

9. Name and Address of New Registered Agent

Name
POSADA, RODRIGO
Street Address (P.O. Box Number is Not Acceptable)
715 N. BEL AIR DRIVE
Suite, Apt. #, Etc.
400002350704-7
-01/06/98-01036-004
City
PLANTATION
***500.00
FL 33317

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

Rodrigo Posada

REGISTERED AGENT MUST SIGN

Date 12/26/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

12/26/97 561.276.1739
Date Daytime Phone #