

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Sandra B. Morton

Secretary of State

DIVISION OF CORPORATIONS

FILED

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DOCUMENT # P94000078538

1. Corporation Name

DASKALIDES U.S.A. INC.

96 DEC 17 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3135 39TH AVE. NORTH
ST. PETERSBURG FL 33714

3135 39TH AVE. NORTH
ST. PETERSBURG FL 33714



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

10/24/1994

Suite, Apt. #, etc.

860 Sand Pine Dr. NE

Suite, Apt. #, etc.

860 Sand Pine Dr. NE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33703

Country

Zip

33703

Country

5. FEI Number

59-3275811

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
D	DASKALIDES, GEORGE	3135 39TH AVE. NORTH 860 Sand Pine Dr. NE	ST. PETERSBURG FL 33714 33703
			600002032906--0 -12/18/96--01100--005 ****225.00 ****225.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KNOWLTON, HORACE A
442 WEST KENNEDY BLVD., STE. 280
TAMPA FL 33606

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

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: G. DASKALIDES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-09-96
Date

(813) 525-7148
Daytime Phone #

CR2E040 (7/96)



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12/09/96

Division of Corporations
Annual Reports/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Daskalides U. S. A. Inc.
#59-3275811

To whom it may concern,

After receiving the dissolution document for the listed corporation from your department I called and talked with a representative from your office. I explained to her our never receiving the renewal notice from your office due to our address changing. After 3 address change requests with the U. S. postal service I received your dissolution. Your representative requested that I send this letter explaining our situation plus the \$200. renewal fee and \$25. late fee. So this is the purpose of my letter.

I have listed our new address on your form attached.

Thank you in advance for your assistance.

Sincerely,

Georges Daskalides
President



DASKALIDES U.S.A., INC.

860 Sand Pine Dr. NE

• St. Petersburg, FL 33703 • (813) 525-7148 • (813) 522-8070