

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -5 PM 3:24

DOCUMENT # 985000024344

1. Corporation Name

7972 Corporation

2. Principal Office Address

124 131st Avenue East

Suite, Apt. #, etc.

City & State

Macleria Beach, Florida

Zip

Country

33708

USA

3. Mailing Office Address

1840 Rene Lavesque Est.

Suite, Apt. #, etc.

City & State

Montreal, Quebec

Zip

Country

H2K4P1

Canada

REINSTATEMENT 98-002

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3304825

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

Allan C. Watkins, Esquire

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

707 North Franklin Street

Suite, Apt. #, Etc.

750

City

Tampa

State

FL

Zip Code

33602

700003213727-8

04/18/00-01120-021

***1058.75 ***1058.75

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

Allan C. Watkins

Date 4-3-00

REGISTERED AGENT MUST SIGN

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
D,P	Kosta Katsoulis	1840 Rene Lavesque Est,	Montreal, Quebec
			H2K4P1, Canada

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 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 #

Mar 13/2000

CR2E081 (9/99)