APPLICATION FOR SAME Sands B. Morhals B. Mor	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM					
DOCUMENT # P95000063087 1. Corporation Name GREEK COMBO, INC. P. O. Box 9111 Coral_Springs_FL_33075 Frincipal Place of burners. 1. Babore addresses are incorrect in any very, line through recorred information and emir correction below. 2. New Principal Officer Auditores. II Approache 3. New Malling Address. II Approache 3. New Malling Address. II Approache 4. Dies incorporated officer in the principal Place of Designation and emir correction below. 2. New Principal Officer Auditores. II Approache 3. New Malling Address. II Approache 4. Dies incorporated officer in the principal Place of Designation and emir correction below. 5. Fell Number of Place of Only & State 1 Corp. A Silve Corp. Country Corp. A Silve Corp. Country Corp. A Silve Corp. Country A Dies in Corp. Corp. Country Corp. A Silve Corp. Country Corp.	FOR 96	PPLICATION FOR Sandra B. Mortham Secretary of State			APPROVED	
SCREEK COMBO, INC. P.O. Box 9111 CPT-al Springs, PL 33075 Procepa Place of Business If above addresses are recorned in any way, five through incorned information and enfor correction below. If above addresses are recorned in any way, five through incorned information and enfor correction below. If above addresses are recorned in any way, five through incorned information and enfor correction below. If above addresses are recorned in any way, five through incorned information and enfor correction below. If above addresses are recorned in any way, five through incorned information and enforced correction below. If above addresses are recorned in any way, five through incorned information and enforced correction below. If above addresses are recorned in any way, five through incorned information and enforced correction below. If above addresses are recorned in any way, five through incorned information and enforced correction below. If above addresses are recorned in any way, five through incorned information and enforced correction below. If above addresses are recorned in any way, five through incorned information and enforced information and e	P0500063097				NOV -# PH 1:38	
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Principal Place of Business Principal Place	GREEK COMBO, INC.				LAHASSEE, FLORIDA	
Principal Plance of Business Principal Chica Address are encouraged in any sety. Intel through inscreed information and entire correction below. Principal Chica Address. If Applicable 3. New Mailing Address, If Applicable 4. District Principal Chica Address. If Applicable 3. New Mailing Address, If Applicable 4. District Principal Chica Address. If Applicable 4. District Principal Chica Address. If Applicable 5. FEI Number To Do Business In Florida 8 - 1,5 - 95	Coral Springs, FL 33075					
If above addresses are incorrect in any way. The through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable 5. Fell Number 8. 15. 93 (a. Apt. 4, etc. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	Principal Place of Business Mailting Address					
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Suite, Apt. 4, etc. Suite, Apt. 4, etc.				4. Date Incorpo To Do Busin	prated or Qualified	
The Country Special Street Address of Each Officer and/or Director (Florida nonposit corporations must list at least 3 directors) Name of Officers Supported the Special Street Address of Each Officer Supported the Special Street Address of Current Registered Agent P.O. Box 9111 Coral Springs Ft. 8. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent Name 8. Name and Address of Name Registered Agent Name 9. Name 8. Name and Address of Name Registered Agent Name 8. Name and Address of Name Registered Agent Name 9. Name 9. Name Name Name 9. Name Name Registered Address of Name Registered Agent Name 9. Name Name Name Registered Address of Name Registered Agent Name 9. Name Name Name Registered Address of Name Registered Agent N	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number	A A Section of the Control of the Co	
Title(s) 2 Name and Address of Current Registered Agent Silvet Address of Each Officer and/or Director 3 (to NOT Use Post Office Box Numbers) 4 (Coy / Silvet ZE) PD Hassanein, Magdy M P.O. Box 9111 Coral Springs FU 8. Name and Address of Current Registered Agent Silvet Address of Each Numbers 4 (Coy / Silvet ZE) PD Hassanein, Magdy M P.O. Box 9111 Coral Springs FU 8. Name and Address of Current Registered Agent Silvet Address of Numbers 4 (Coral Springs FU) 8. Name and Address of Current Registered Agent Silvet Address of Numbers 5 (Coral Springs FU) 8. Name and Address of Current Registered Agent Silvet Address of Numbers 5 (Coral Springs FU) 8. Name and Address of Current Registered Agent Silvet Address (P.O. Box Numbers in No Acceptable) 7 (Coral Springs FU) 8. Name and Address of Current Registered Agent Silvet Address (P.O. Box Numbers in No Acceptable) 7 (Coral Springs FU) 8. Name and Address of Current Registered Agent Name Silvet Address (P.O. Box Numbers in No Acceptable) 7 (Coral Springs FU) 8. Name and Address of Current Registered Agent Name Silvet Address (P.O. Box Numbers in No Acceptable) 7 (Coral Springs FU) 7	City & State City & State		, , , ,		Not Applicable	
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REINSTATEMENT 8. Name and Address of Current Registered Agent 8. Name 8. Name and Address of Name 19. Sired Address (P.O. Box Number is Not Acceptable) 19. Up 19. State Do Code 19. It being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 19. Signature of Registered Agent Do Name Do Code 19. It being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 19. Date Do Code 19. It being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 19. Date Do Code 19. It being appointed the registered Agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 19. Date Do Code 19. It being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 19. Date Do Code 19. It being appointed the registered agent of the above named corporation and acceptable and accep	\mathbb{R}^{2}					
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8. Name and Address of Current Registered Agent Hassanein, Magdy M. 300 NW 82 Ave. Street Address (P.O. Box Number is Not Acceptable) Suite 506 Plantation, FL 33324 Suite, Apt. 6, Etc. City State: Zo Code FL 30 Y FL 3	PD Hassanein, Magdy	M P.0	0. Box 9111	· · · · · · · · · · · · · · · · · · ·	Coral Springs, FL	
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Hassanein, Magdy M. 300 NW 82 Ave. Suite 506 Plantation, FL 33324 Suite, Apt. 9, Etc. City State Zip Code FL 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 507,0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for information on intangible tax.). 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(t), Florida Statutes. I release the Division of Corporations from any liability of non-complications with Section 119.07(3)(t) in the event that the information supplied secti	A Name and Address of A	Decistered & part				
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SIGNATURE: Magdy HISTON MAGNY NASSANE IN Pres 10130196 (954) 424-0170						