PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 16 PM 12:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000086370

1 Corporation Name

501 NORTH ATLANTIC BLVD. INC.

Principal Place of Business	Mailing Address
501 NORTH ATLANTIC BLVD. DAYTONA BEACH FL 32118	501 NORTH ATLANTIC BLVD. DAYTONA BEACH FL 32118

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

REINSTATEMENT 96 CW

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 40 SYCAMORE	Suite, Apt. #, etc.: 40 SYCAMORE
City & State: THORNHILL, ONTARIO	City & State: THORNHILL, ONTARIO
Zip: L3T 5V6 Country: CANADA	Zip: L3T 5V6 Country: CANADA

4. Date Incorporated or Qualified To Do Business in Florida: 11/08/1995

5. FEI Number: Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ SB/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)

000002031388--7
-12/18/96--01017--023
****375.00 ****375.00

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
PSS	SARANTOPOULOS, GEORGE	40 SYCAMORE DRIVE	THORNHILL ONTARIO, CANADA LVT5V
VTD	SARANTOPOULOS, ANTONIA	40 SYCAMORE DRIVE	THORNHILL ONTARIO, CANADA LVT5V

NEW REGISTERED AGENT
MR. JAMES KOLIOPOULOS
319 FORDHAM DR
DAYTONA BEACH FL 32118

REINSTATEMENT

8. Name and Address of Current Registered Agent

COURTNEY-PETERSON, JOYCE
2900 LAKE WASHINGTON ROAD
MELBOURNE FL 32935

9. Name and Address of New Registered Agent

Name: JOHN TSIATOS
Street Address (P.O. Box Number is Not Acceptable): 2425 WEST LOOP SOUTH
Suite, Apt. #, Etc.: SUITE 680
City: HOUSTON State: TX FL Zip Code: 77027

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: _____ Date: October 12, 1996

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 ☒

(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: GEORGE SARANTOPOULOS 10/12/96 (905)881-9683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

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