

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 97 OCT 30 AM 9:23

APPLICATION
FOR
REINSTATEMENT



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

97 OCT 30 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094898

1. Corporation Name

P. NIFAKOS ENTERPRISES, INC.

Principal Place of Business

~~12702 GUILFORD CIR~~
~~WELLINGTON FL 33414~~

Mailing Address

~~12702 GUILFORD CIR~~
~~WELLINGTON FL 33414~~



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

2. New Principal Office Address, If Applicable

3191 SO. MILITARY TRAIL
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3191 SO. MILITARY TRAIL
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1995

City & State

LAKE WORTH, FL.

City & State

LAKE WORTH, FL.

Zip

33463

Country

P.B.

Zip

33463

Country

P.B.

5. FEI Number

65-0631529

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	NIFAKOS, PETER	12702 GUILFORD CIR	WELLINGTON FL 33414

100002338091--7
-11/04/97--01088--017
****750.00 ****750.00

8. Name and Address of Current Registered Agent

NIFAKOS, PETER
12702 GUILFORD CIR
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

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

Peter Nifakos
REGISTERED AGENT MUST SIGN

Date 10-28-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Peter Nifakos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-97 (561)641-5590
Daytime Phone #

CR2E040 (8/97)