

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Pg. 1 of 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000007927

1. Corporation Name

Cynthia L. Stavrakis Investment Services Inc.

2. Principal Office Address

9501 US Hwy 19

Suite, Apt. #, etc.

Suite 204

City & State

Port Richey, FL

Zip

34668

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-25-96

5. FEI Number

59-3357658

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

Cynthia L. Stavrakis

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

9501 US Hwy 19

Suite, Apt. #, Etc.

Suite 204

City

Port Richey

State

FL

Zip Code

34668

100003227231-1

04/27/00 01086 018

****623.75 ****623.75

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

Cynthia L. Stavrakis

REGISTERED AGENT MUST SIGN

Date

4-5-00

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
President	Cynthia L. Stavrakis	1601 N. Jasmine Ave. TARPON SPRINGS, FL. 34689	TARPON SPRINGS, FL 34689

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:

Cynthia L. Stavrakis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

727-938-2207

Daytime Phone #

CR2081 (9/99)

To: Division of Corporations

From: Cynthia J. Stankis

Dear Sirs,

Enclosed is my application for
reinstatement of my Corporation
Cynthia L. Stankis Investment
Services Inc.

I spoke with Michelle Milligan
Today 4-5-00 regarding the status of
my Corporate Annual Report she had
informed me that it had been dissolved
in 1999. I never received the notice
of dissolution, it appears to have been
sent to another address. Michelle
checked into the matter & said I
received notices² at my current address
in 1998 and I responded with a \$315.⁰⁰
check & the proper forms.

The forms were missing information
& sent back to a different address & I never
received the forms to correct. I assumed
that everything was fine then the
notice of dissolution was sent out
also to the wrong address so I was
unaware of that. I would like to
clear up any confusion & get

per my conversation with
Michelle she advised I write
this letter and enclosed a
check for 615.⁰⁰ to cover all
annual report dues from 1997,
1998, 1999, & 2000. I have
also added the \$8.75 for a certificate
of Status.

Below is my current address &
has been since 1997.

Cynthia L. Stavrakis
9501 US Hwy 19
Suite 204
Port Richey, FL 34668

I appreciate any consideration
in the matter.

Sincerely,

Lindy Barker