

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FORM FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 JUN 14 PM 12:30

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021855

1. Corporation Name

DEMETRA, INC.

2. Principal Office Address - No P.O. Box #

1140 LEMONWOOD ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

3. Mailing Office Address

1140 LEMONWOOD ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1996

5. FET Number

65-0650606

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

GEORGANAS, DEMETRIOS

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

1140 LEMONWOOD ST

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33019

700248929897
06/14/13--01042--006 **1350.00

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

D. Georganas
REGISTERED AGENT MUST SIGN

Date

6/12/13

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
PSD	GEORGANAS, DEMETRIOS	1140 LEMONWOOD ST	HOLLYWOOD, FL 33019
VTD	GEORGANAS, SOPHIA	1140 LEMONWOOD ST	HOLLYWOOD, FL 33019
			S. HAWKES
			JUN 17 2013
			EXAMINER

REINSTATEMENT

2007-13

10. E-mail Address: DEMETRIOSOPHIA@BELLSOUTH.NET

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

D. Georganas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/12/13

Daytime Phone #

June 12, 2013

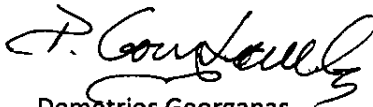
To Whom It May Concern:

When we found out that our corporation, Demetra, Inc., Document #P96000021855 had been administratively dissolved for not filing the annual report we filed to incorporate a new entity also called Demetra Inc., Document # P13000038875. We later decided that this was not the best course of action for us so we voluntarily dissolved the new entity and attempted to reinstate the original corporation. We were unable to file the reinstatement online, apparently due the existence of the new corporation with the same name.

This letter is to confirm that we have no intentions to reinstate the new entity with the Document #P13000038875. We do want to reinstate the original corporation with Document #P96000021855, and have included the reinstatement form and payment of \$1,350.

Thank you for your attention to this matter.

Kind Regards,

A handwritten signature in black ink, appearing to read "D. Georganas", written over the printed name.

Demetrios Georganas
President