

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 17 PM 12:09

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P96000026809

1. Corporation Name

Piraeus Investment Corp

2. Principal Office Address

7701 sw 62nd ave

Suite, Apt. #, etc.

2nd floor

City & State

S Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

7701 sw 62nd ave

Suite, Apt. #, etc.

2nd floor

City & State

S Miami, FL

Zip

33143

Country

USA

900010190189

01/17/03--01049--005 **1208.75

REINSTATEMENT

00-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/21/96

5. FEI Number

65-0660281

☒ 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

Elliott J. Gellfand

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

10661 N Kendall Drive

Suite, Apt. #, Etc.

Ste.201

City

Miami

State
FL

Zip Code
33176

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

REGISTERED AGENT MUST SIGN

Elliott J. Gellfand

Date

1/15/03

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
D	Elliott J. Gellfand	10661 N Kendall Drive #201	Miami, FL 33176
D	Peter Baugh	7701 SW 62nd Ave #200	S. Miami, FL 33143
D	Wilhelm Roedenbeck	7701 SW 62nd Ave #200	S. Miami, FL 33143

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:

W. Michael

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.16.2003 (305) 664-8888

Date

Daytime Phone #

CR2E081 (10/02)