

APPLICATION  
FOR  
REINSTATEMENT



DOCUMENT # P36000078362

ARGYROS ENTERPRISES, INC.

2031 Wilton Drive  
Wilton Manors, FL 33305

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Wilton Manors, FL 33305

**REINSTATEMENT 98-99**

DO NOT WRITE IN THIS SPACE

9/20/96

Applied For	
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65-0696320

Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

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
PD	PATRICIA ARGYROS	208 NE 22nd Street	Wilton Manors, FL 33305
D	JAMES ARGYROS	208 NE 22nd Stret	Wilton Manors, FL 33305
			7000002793447-1-3 03/03/99-01067-013 ***908.75 ***908.75

**9. Name and Address of New Registered Agent**

PATRICIA ARGYROS  
208 NE 22nd Street  
Wilton Manors, FL 33305

Name \_\_\_\_\_

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

Suite. Apt. #. Etc.

City

State  
FI

Zip Code	
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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**

REGISTERED AGENT MUST SIGN

Date 2-26-99

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.073(k) in the event that the information supplied is deemed exempt from public access. 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. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

[illegible]