PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FÖR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P96000078362 BANK BANKER 1. Corporation Name ARGYROS ENTERPRISES, INC. Mailing Address Principal Place of Business 2031 Wilton Drive 2031 Wilton Drive HEINSTATEMENT 92-99 Wilton Manors, FL 33305 Wilton Manors, FL 33305 DO NOT WRITE IN THIS SPACE
Date Incorporated or Qualified
To Do Business in Florida If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable 9/20/96 Suite, Apt. #. etc. Suite, Apt. \*, etc. 5. FEI Number Applied For City & State City & State 65~0696320 Not Apolicable \$8.75 Additional Fee require for a Certificate of Status Country Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) 208 NE 22nd Street Wilton Manors, FL 33305 PD PATRICIA ARGYROS 208 NE 22nd Stret Wilton Manors, FL 33305 JAMES ARGYROS D \*\*\*\*\*908.75 \*\*\*\*908.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name PATRICIA ARGYROS 208 NE 22nd Street Street Address (P.O. Box Number is Not Acceptable) Wilton Manors, FL 33305 Suite, Apt. #. Etc. State | Zip Code 10. It 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 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

12. I do hereby pertify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or directory or the receiver by trustee empowered to execute this application as provided for or in chapter 607 or 617. F.S. I further certify that when filting this reinstatement application type 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

Yes L

No L

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-79

Date Duylime Phone •

(See other side for information