

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC 20 PM 4:34

**DOCUMENT #** P96000080824

**1. Corporation Name**

Orlando Paintball, Inc.

201  
408

**2. Principal Office Address**

7215 Rose Avenue

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Orlando, FL

**City & State**

**Zip**

32810

**Country**

USA

**Zip**

**Country**

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

9/30/96

**5. FEI Number**

59-3403122

**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**

Kodounis, Spiros A.

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

7215 Rose Avenue

**Suite, Apt. #, Etc.**

**City**

Orlando

**State**

FL

**Zip Code**

32810

000004743610--0

-12/31/01-01012-003

\*\*\*\*150.00 \*\*\*\*150.00

**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**

*[Signature]*

REGISTERED AGENT MUST SIGN

**Date** DEC 18/2001

**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
P,D	Kodounis, Spiros A.	7215 Rose Avenue	Orlando, FL 32810

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 18/2001  
Date

416-428-9144  
416-323-3933  
Daytime Phone #

CR2E081 (0/00)

2052

**Date:** Tuesday, December 18, 2001  
**To:** Florida Dept of State

Department of State  
Division of Corporations,  
409 East Gaines St.  
Tallahassee, FL 32399  
(850) 245-6059

**From:** Spiros A. Kodounis (Owner of Orlando Paintball Inc)  
39 Glen Ames  
Toronto, Ontario,  
(416) 693-4994 Cell: (416) 428-9144

**Re:** Waive Corporation Reinstatement Fee for not Being Received  
Document# P96000080824

Dear Department of State Representative,  
My attorney discovered to my surprise that my corporation has been dissolved due to non-payment of the corporation renewal fee. Please waive the fines and allow me to pay the \$150.00 fee to reinstate my corporation since I have not received the Uniform Business Report for year 2001. The cause for not receiving this report is due to me moving out from the old address of:

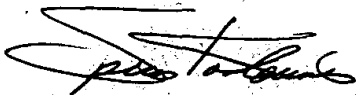
**OLD:** Spiros Kodounis  
13566 Banana Bay Dr.  
Winter Garden, FL 34787

Please change the mailing address for subsequent statements to:

**NEW:** Spiros Kodounis  
Orlando Paintball Inc  
7215 Rose Ave.  
Orlando, FL 32810

Please do not hesitate to contact me directly if you have any questions.

Regards,



Spiros A. Kodounis  
Owner: Orlando Paintball Inc Doc# P96000080824  
Home: (416) 693-4994 Cell: (416) 428-9144