

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JAN 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000080824**

1. Corporation Name

ORLANDO PAINTBALL INC.

600065824846
02/14/06--01024--020 **450.00

2. Principal Office Address

7215 ROSE AVE

Suite, Apt. #, etc.

3. Mailing Office Address

7215 ROSE AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32810

Country

USA

Zip

32810

Country

USA

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/1996

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

(SPIROS)

SPYRIDON

A. KODOUNIS

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

7215 ROSE AVE.

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32810

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 **1/15/2006**

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
PRESIDENT	(SPIROS) SPYRIDON KODOUNIS	13566 BANANA BAY DR.	WINTER GARDEN / FL / 3478

K. Eckel FEB 01 2006

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 contained in Chapter 119, 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

1/15/2006

Date

647-895-2665

Daytime Phone #

2/2

Date: Wednesday, January 18, 2006

From: Spyridon A. Kodounis
3820 Forest Bluff Cres
Mississauga, Ontario, L5N-7T8
(647) 895-2665, SKodounis@aol.com
Fax: (416) 352-1223

To: Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Corporate Reinstatement for 2004, 2005, and 2006 for Doc# P96000080824

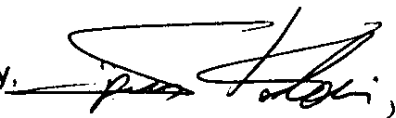
Dear Dept of State Representative,

I am attaching a check for \$450.00 to reinstate my business, Document # P96000080824, Orlando Paintball Inc.

Since I have not received any notification of annual reports, I could not pay the fees to stop my company from being dissolved.

Please reinstate my corporation and waive any penalties. I am attaching this letter with a check to pay the full amount of the reinstatement fee, \$450.00, as instructed via phone conversation with one of your reps on 01/17/2006.

Sincerely,

 PRESIDENT.

Spiros Kodounis, President,
Orlando Paintball Inc, 7215 Rose Ave, Orlando, FL 32810
647-895-2665