

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000017038

1. Corporation Name

GEORGE PROTO, INC.

Principal Place of Business

2300 HAWTHORNE DRIVE
CLEARWATER FL 34629

Mailing Address

2300 HAWTHORNE DRIVE
CLEARWATER FL 34629

If above addresses are incorrect in any way, line through incorrect information and enter correct information below.

2. New Principal Office Address, If Applicable

3002 34th ST N.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3002 34th ST N.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

Zip 33713

Country

City & State

ST PETERSBURG FL

Zip 33713

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT use Post Office Box Number)	City / State / Zip
DPS	PROTOPAPADAKIS, GEORGE	2368 HAWTHORNE DRIVE	CLEARWATER FL 34629-33763

8. Name and Address of Current Registered Agent

TINGIRIDES, STAVROS ESQ.

800 NORTH BELCHER ROAD, SUITE 4
CLEARWATER FL 34625

9. Name and Address of New Registered Agent

Name STAVROS TINGIRIDES

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

2469 ENTERPRISE RD. STE B

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33763

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

STAVROS TINGIRIDES

REGISTERED AGENT MUST SIGN

4/8/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE PROTOPAPADAKIS

4/07/99 5213441

FILED

99 APR 14 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

02/24/1997

5. FEI Number

59-3428153

Applied For

Not Applicable

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CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9/98)