

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

182

FILED

06 DEC -7 PM 12: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT-06



11132006 REIN-P CR2E098 (11/05)

4. FEI Number  
65-0747480

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KARIKAS, DEAN W  
3643 1 AVE NORTH  
ST PETERSBURG, FL 33713

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME KARIKAS, DEAN W  
STREET ADDRESS 3643 1 AVE NORTH  
CITY - ST - ZIP ST PETERSBURG, FL 33713

TITLE VD ☐ Delete  
NAME KASARIS, DANIEL C  
STREET ADDRESS 3643 1ST AVE NORTH  
CITY - ST - ZIP SAINT PETERSBURG, FL 33713

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 12/19/06 01018 001 \*\*150.00  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800082634128  
CITY - ST - ZIP 12/19/06 01018 001 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dean W. Karikas* 11/17/06 (727) 323-4533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



## KARIKAS & KASARIS, P. A.

Attorneys at Law

Dean W. Karikas  
Daniel C. Kasaris

3643 First Avenue North  
St. Petersburg, FL 33713-8406  
Phone: (727) 323-4533  
Fax: (727) 323-2729

November 17, 2006

Ms. Sue M. Cobb  
Secretary of State  
Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314

Re: Document Number P97000020843

Dear Ms. Cobb:

Enclosed please find our check number 10760 in the amount of \$150.00 and reinstatement papers from the computer. Please reinstate our authority to transact business in the state of Florida as the first prior notice was never received so when the second notice was received in July, I mailed check number 10552 in the amount of \$150.00 on July 14, 2006 and apparently this check was lost in the mail. I have checked with our bank and check number 10552 has not cleared our account and I have enclosed a copy of our check stub showing the check was written out on July 14, 2006 and a copy of the instructions I mailed with our check to on July 14, 2006.

Please contact my office immediately if anything else is required. Thank you for your time and attention regarding this urgent matter.

Very truly yours,

DEAN W. KARIKAS

PAID-  
CHECK NO. 10552  
AMOUNT 150.00  
DATED 7/14/06

DWK/jaw  
Enclosur