


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000036490					
1. Entity Name HOUVARDAS, INC.					
Principal Place of Business 2601 HAVENDALE BLVD. WINTER HAVEN, FL 33881-1825			Mailing Address 2601 HAVENDALE BLVD. WINTER HAVEN, FL 33881-1825		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3442686	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOUVARDAS, PAUL 2601 HAVENDALE BLVD. WINTER HAVEN, FL 33881-1825			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: <u>Paul Houvardas</u>					
<small>Signature, typed or printed name of registered agent and title if applicable</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOUVARDAS, PAUL	300103121823			
STREET ADDRESS	2601 HAVENDALE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 338811825	CITY-ST-ZIP			
CITY-ST-ZIP	WINTER HAVEN, FL 338811825	05/24/07--01009--019 **750.00			
TITLE	VSTD <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOUVARDAS, JOHN	NAME			
STREET ADDRESS	2601 HAVENDALE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 338811825	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>Paul Houvardas</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date		Daytime Phone #
			4-4-07		

FILED

07 MAY -4 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/14/07

