

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -9 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P97000052163

1. Corporation Name

EROS CORPORATION OF DAYTONA BEACH

2. Principal Office Address

124 N. BEACH STREET

Suite, Apt. #, etc.

City & State

DAYTONA BEACH

Zip

32114

Country

U.S.A.

3. Mailing Office Address

124 N. BEACH STREET

Suite, Apt. #, etc.

City & State

DAYTONA BEACH

Zip

32114

Country

U.S.A.

**REINSTATEMENT 99-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

3/97

5. FEI Number 59-3450124

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

MILTADIS K. EXARTHO

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

124 N. BEACH STREET

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32114

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

MILTADIS K. EXARTHO

REGISTERED AGENT MUST SIGN

Date 02/03/01

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	MILTADIS K. EXARTHO	124 N. BEACH STREET	DAYTONA BEACH, FL 32114
M.	ANTHONY LUZNER	254 PALMETO AVENUE	DAYTONA BEACH, FL 32114

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/01

Date

(904) 252-7600

Daytime Phone #

CR2E081 (9/00)