

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 26 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000052163

1. Corporation Name

EROS CORPORATION  
OF DAYTONA BEACH, INC.

2. Principal Office Address

124 N. BEACH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

124 N. BEACH ST.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

Zip

32114

Country

USA

Zip

32114

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/97

5. FEI Number

59-3450124

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-04**

7. Name and Address of Current Registered Agent

Name

MILTADIS K. EXARHOU

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

124 N. BEACH ST.

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

[Signature]

Date 8/24/04

REGISTERED AGENT MUST SIGN

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
P	MILTADIS EXARHOU	124 N. BEACH ST.	DAYTONA BEACH, FL 32114

700040540147  
08/26/04--01051--014 \*\*\$00.00

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] MILTADIS K. EXARHOU  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/24/04

Daytime Phone #

(386) 252-6040