


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000066309		
1. Entity Name RYA-DEPIE, INC.		

FILED  
04 DEC 27 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 301 AIRPORT RD. N. NAPLES, FL 34104	Mailing Address 301 AIRPORT RD. N. NAPLES, FL 34104
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2. Principal Place of Business 6101 Pelican Bay Blvd Suite, Apt. #, etc. 704	3. Mailing Address 6101 Pelican Bay Blvd Suite, Apt. #, etc. 704
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City & State Naples	City & State Naples
Zip 34108	Country USA
Zip 34108	Country USA



REINSTATEMENT 2004 NOT

4. FEI Number 65-0335341		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STELZER, WILLIAM G CPA 301 N. AIRPORT ROAD NAPLES, FL 34104		

7. Name and Address of New Registered Agent Name: Persephone CANONNE Dr Street Address (P.O. Box Number is Not Acceptable): 6101 Pelican Bay Blvd City: Naples FL Zip Code: 34108	
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: Persephone Canonne P. Canonne Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:	

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALANOPOULOU, HELEN MAREDONIAS 6A KIFISSIA ATHENS, GREECE 14561. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700043652467 12/27/04--01092--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Galanopoulou	Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	