

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2012 MAY -8 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000066309

1. Corporation Name

RYA-DEPIE Inc.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

6101 Pelican Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 704

City & State

City & State

NAPLES (FL)

Zip

Country

Zip

Country

34108 U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

09/15/1997

5. FEL Number

65-0335341

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

CANONNE Persephone

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

6101 Pelican Bay Blvd

Suite, Apt. #, Etc.

# 704

City

NAPLES

State

Zip Code

FL 34108

300205805253  
04/29/11--01013--007 \*\*150.00

300205805253  
03/14/12--01030--004 \*\*150.00

MAY - 8 2012

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

P. Canonne

REGISTERED AGENT MUST SIGN

9. TONER

Date 04-15-2012

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	GALANOPOUKOV,	6101 Pelican Bay	Naples (FL)
Officer	HELEN	Blvd	34108
Secretary	CANONNE Persephone	6101 Pelican Bay Blvd	Naples, FL, 34108
			MAY - 8 2012
	Res. Fee waived due to clerical error.	68	S.T. 1

10. E-mail Address: JEAN.CANONNE@AOL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

P. Canonne officer

05-03-2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #