

APPLICATION
FOR
REINSTATEMENT

Sandra B. Mortham
Secretary of State

DOCUMENT # Unknown PG7000400433

Kissavos ~~Inc.~~ Holdings, Inc.

clo Kathy Maggas

1002 Del Harbor Dr.

Delray Beach FL 33483-6510

12-01-97

6. CERTIFICATE OF STATUS DESIRED

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Kathy Maggas	1002 Del Harbor Dr.	Delray Beach FL 33483
			<div data-bbox="1024 1161 1396 1180">401010121550154</div> <div data-bbox="1120 1184 1396 1201">-10/06/98-00131-008</div> <div data-bbox="1135 1207 1396 1224">***550.00 ***550.00</div>
		B98AR2 10/2	

Name Gus Perchem

440 E. Sample Rd.

Suite, Apt. #, Etc. **Suite # 202**

City Pompano Beach

State FL	Zip Code 33064
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Signature of
Registered Agent

Date 9/22/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

9/22/98 5616169200
Date Daytime Phone #