
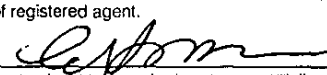
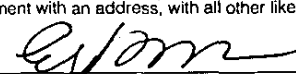


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000107726 1. Entity Name KIKIS CORPORATION						FILED 05 OCT 19 PM 8:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 709 LIGHTHOUSE DR TARPON SPRINGS, FL 34689				Mailing Address 709 LIGHTHOUSE DR TARPON SPRINGS, FL 34689			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent KIKIS, CHRIS 709 LIGHTHOUSE DR TARPON SPRINGS, FL 34689 DECEASED				7. Name and Address of New Registered Agent Name ELEFTHERIA KIKIS Street Address (P.O. Box Number is Not Acceptable) 709 LIGHTHOUSE DR. City TARPON SPRINGS FL Zip Code 34689			
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  <div style="float: right; text-align: right;"> DATE _____ </div>							
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 </div> <div> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. </div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KIKIS, CHRIS 709 LIGHTHOUSE DR TARPON SPRINGS, FL 34689			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ELEFTHERIA KIKIS 709 LIGHTHOUSE DR. TARPON SPRINGS, FL 34689	
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)(l), 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: 				Date 10-17-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 727-937-2795 727-942-8260			