

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000023518

1. Entity Name
SOTIRIOS, INC.

FILED

08 NOV 20 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11032008 REIN-P CR2E098 (1/07)

4. FEI Number
65-0899200Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARELIS, DEBORAH F
1104 MALLORCA DRIVE
BRADENTON, FL 34209

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

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, 2009, Fee will be \$300.00In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	VARELIS, SOTIRIOS	1104 MALLORCA DRIVE	BRADENTON, FL 34209				
SDVT	VARELIS, DEBORAH F	1104 MALLORCA DRIVE	BRADENTON, FL 34209				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20

Oct. 25, 2008

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, Florida
32314

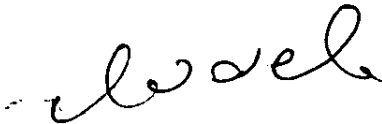
Gentlemen,

We received your attached notice of intent to dissolve. We were unaware of this because we never received the first notice requesting our annual payment. Please waive the penalty. Enclosed is our annual payment to keep our corporation (Sotirios, Inc Document # P98000023518) current.

Yours truly,



William R. Benekos
Accountant



Authorization Signature
Sotirios Varelis
President