

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 DEC -5 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SOTIRIOS, INC.

P98000023518

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

1104 MALLORCA DR

Suite, Apt. #, etc.

3. Mailing Office Address

1104 MALLORCA DR

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34209

Country

US

Zip

34209

Country

US

CR2E091 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 12, 1998

5. FEI Number

65-0899200

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

DEBORAH VARELIS

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

1104 MALLORCA DR

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34209

700292971277
12/05/16--01050--001 **\$900.00

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

Deborah Varelis

Date

11/14/16

REGISTERED AGENT MUST SIGN

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
P	SOTIRIOS VARELIS	1104 MALLORCA DR	BRADENTON, FL 34209
VP	DEBORAH VARELIS	1104 MALLORCA DR	BRADENTON, FL 34209

T HENDERSON
DEC 06 2016

10. E-mail Address: CHRIS@CKSTAX.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:

Deborah Varelis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/16

Daytime Phone #