

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -3 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000035023**

1. Corporation Name

PEC Foods INC
2708 ALT 19 N. Ste 601
Palm Harbor, FL 34683

2. Principal Office Address

3. Mailing Office Address

Same as #1

PO Box 612

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Harbor FL

Zip

Country

Zip

Country

34682 USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1998

5. FEI Number

59-3520623

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

Michael Cavalaris

900003133339-7

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

107 Phillips Way

02/11/00-01113-010

******308.75 ****308.75**

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

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

Michael

REGISTERED AGENT MUST SIGN

Date **1/31/2000**

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
Pres	Louis L Pappas	10 W. Dodecanese	Tarpon Springs, FL 34689
VP	Michael Cavalaris	107 Phillips Way	Palm Harbor, FL 34683
SEC	Michael Cavalaris	107 Phillips Way	Palm Harbor, FL 34683
1 REAS	Michael Cavalaris	107 Phillips Way	Palm Harbor, FL 34683

10. 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:

Michael

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000

Date

Daytime Phone #

KE