

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 FEB 18 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040565

1. Corporation Name

TSAMOUTALES LIMITED INCORPORATED

Principal Place of Business

Mailing Address

1900 PALM BAY ROAD NE STE G
PALM BAY FL 32905

1900 PALM BAY ROAD NE STE G
PALM BAY FL 32905

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1804 Riverview Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1804 Riverview Drive
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1998

City & State
Melbourne, Florida
Zip
32901
Country
USA

City & State
Melbourne, Florida
Zip
32901
Country
USA

5. FEI Number

59-3561656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V.P.	Michael Terry	INDIAN LAKE	MALABAR FL 32950
V.P.	MICHAEL Terry	825 Franklyn Ave	INDIAN LAKE, FL 32903
Dir	FRANK N. TSAMOUTALES	2820 Rocky Pt. Rd	MALABAR, FL 32950
P/S	FRANK N. TSAMOUTALES	2820 Rocky Pt. Rd	MALABAR, FL 32950
			3000003156293-4 -03/03/00--01033--021

8. Name and Address of Current Registered Agent

SACK, GARY B
1900 PALM BAY ROAD NE STE G
PALM BAY FL 32905

9. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

3000003156293-4

-03/03/00--01033--021

***158.75 ***158.75

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

1-14-00

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., 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Frank N. Tsamoutales

Date

Daytime Phone #

321-722-5700