

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 29 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040565

1. Corporation Name

TSAMOUTALES LIMITED INCORPORATED

2. Principal Office Address

376 Lanternback Is. Dr.

Suite, Apt. #, etc.

City & State

Satellite Beach

Zip

32927

Country

USA

3. Mailing Office Address

376 Lanternback Island Dr.

Suite, Apt. #, etc.

City & State

Satellite Beach

Zip

32927

Country

USA

REINSTATEMENT 02-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/4/98

5. FEI Number

593561656

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

Kenza van Assenderp

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

225 South Adams Street - Suite 200

Suite, Apt. #, Etc.

Suite 200

City

Tallahassee

State

FL

Zip Code

32301

100054208711

05/10/05--01045--019 **1203.75

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

Kenza van Assenderp REGISTERED AGENT MUST SIGN

Date April 28, 2005

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
P/D	Frank N. Tsamoutales	376 Lanternback Island Dr.	Satellite Beach, FL 32927
V/T/S	Kim H. Tsamoutales	376 Lanternback Island Dr.	Satellite Beach, FL 32927

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)(f), 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:

per FRANK TSAMOUTALES, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

850-222-7206

Daytime Phone #

U. Roberts MAY 11 2005

CR2E081 (01/05)