

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 25 PH 5: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000048743

1. Corporation Name

EQUITY EXCHANGE, INC.

2. Principal Office Address

1036 NE 8TH AVE

3. Mailing Office Address

1036 NE 8TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL.

City & State

FORT LAUDERDALE, FL.

Zip

33304

Country

BROWARD

Zip

33304

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650843324

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

THEODORE A SPILIOTIS

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

1036 NE 8TH AVE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33304

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

Theodore A Spiliotis
REGISTERED AGENT MUST SIGN

Date 04/21/05

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
PTS	THEODORE SPILIOTIS	1036 NE 8TH AVE	FORTLAUDERDALE, FL. 33304

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:

Theodore A Spiliotis

THEODORE A. SPILIOTIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/05

Date

954-471-9108

Daytime Phone #

CR2E081 (01/05)

Equity Exchange, Inc.
1036 ne 8th ave.
Fort lauderdale, Fl. 33304

Florida Dept. Of Corporation,
I did not recieve any notices of annual reports. Please waive the \$600.00 reinstatment fee. I have inclosed the
annual report fees of \$600.00.

Sincerely,

A handwritten signature in cursive script, reading "Theodore A. Spiliotis".

Theodore A. Spiliotis