


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000060282		99 OCT 25 PM 4:01	
1. Corporation Name KARAS, INC.			
Principal Place of Business 505 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33062		Mailing Address 505 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33062	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 07/08/1998		5. FEI Number 65-0849848	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSTD	KARACHALIOS, DIMITRIOS	505 NORTH FEDERAL HIGHWAY	POMPANO BEACH FL 33062
8. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		9. Name and Address of New Registered Agent Name Dimitrios Karachalios Street Address (P.O. Box Number is Not Acceptable) 505 N Federal Hwy Suite, Apt. #, Etc. Pompano Beach State FL Zip Code 33062	
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 D Karachalios Date 10/13/99 REGISTERED AGENT MUST SIGN			
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: D Karachalios Date 10/13/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

WOLFSON AND ASSOCIATES, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
130 SOUTH UNIVERSITY DRIVE, SUITE D
PLANTATION, FLORIDA 33324
PHONE: (954) 475-8670 FAX: (954) 475-8788
E-MAIL: WOLFSONASSOC@AOL.COM

October 21, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF: Karas, Inc.
505 North Federal Highway
Pompano Beach, FL 33062

FEIN# 65-0849848

Dear Sir/Madam

Please be advised that the above mentioned corporation has not received it's 1999 Corporate Annual Report. It appears that the client has had several problems with mail delivery. There were several calls and second requests for payments from vendors as a result of this problem.

In light of these problems please accept this check in the amount of \$150.00 as full payment for the 1999 Corporate Annual Report and abate all late filing fees.

Thank you in advance for your cooperation in this matter and if we can be of any further assistance please don't hesitate to contact our office.

Sincerely yours,



Mark Wolfson
Certified Public Accountant

enclosures

cc: Karas, Inc.