

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 12 AM 9:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

PA9000005189
Stavros Pizza Place, Inc.
715 North Dixie Freeway
New Smyrna Beach, Fla 32169

2. Principal Office Address

715 N. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

715 N. Dixie Freeway
Suite, Apt. #, etc.

City & State

New Smyrna Beach, Fla

City & State

New Smyrna Beach Fla

Zip

32169

Country

USA

Zip

32169

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/99

5. FEI Number

☒ 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

Spiros Naos

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

715 N. Dixie Freeway

Suite, Apt. #, Etc.

City

New Smyrna Beach, Fla 32169

State

FL

Zip Code

32169

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

Date 1-4-01

REGISTERED AGENT MUST SIGN

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
PT	Spiros Naos	715 N. Dixie Freeway	New Smyrna Beach 32169
VPS	Meche Naos	715 N. Dixie Freeway	New Smyrna Beach 32169

KE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-4-01

Daytime Phone #

CR2E081 (9/99)