

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -9 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02



600008957836
11/13/02--01024--008 **600.00

DOCUMENT # P99000026213

Corporation Name

GREEK RESTAURANT ACROPOLIS, INC.

Principal Place of Business

3833 TAMiami TRAIL EAST
NAPLES FL 34112

Mailing Address

3863 TAMiami TRAIL EAST
NAPLES FL 34112

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

2. New Principal Office Address, If Applicable

3847 TAMiami TR

Suite, Apt. #, etc.

NAPLES

City & State

FL

Zip

34112

Country

USA

3. New Mailing Office Address, If Applicable

3847 TAMiami TR

Suite, Apt. #, etc.

NAPLES

City & State

FL

Zip

34112

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1999

5. FEI Number

59-3562786

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	KANARIS, PANAGIOTIS	3863 TAMiami TRAIL EAST	NAPLES FL 34112

600008957836
01/17/03--01065--007 **150.00

8. Name and Address of Current Registered Agent

KANARIS, PANAGIOTIS
3863 TAMiami TRAIL EAST
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-9-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-9-02