

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Barr
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000073340

1. Corporation Name:

KONSTANTATOS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~3101 OCEAN DR.~~
VERO BEACH FL 32963 32960
1327 21ST ST.

~~3101 OCEAN DR.~~
VERO BEACH FL 32963 32960
915 11TH TERRACE

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

2. New Principal Office Address, If Applicable

Nick Konstantatos

Suite, Apt. #, etc.

915 11TH Terrace

City & State

Vero Beach FL

Zip

32960

Country

USA

3. New Mailing Office Address, If Applicable

Nick Konstantatos

Suite, Apt. #, etc.

915 11TH Terrace

City & State

Vero Beach FL

Zip

32960

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1999

5. FEI Number

65-0945331

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	KONSTANTATOS, NICK	3101 OCEAN DR. 915 11 TH TERRACE	VERO BEACH FL 32963 32960
STD	KONSTANTATOS, SUSAN J	3101 OCEAN DR. 915 11 TH TERRACE	VERO BEACH FL 32963 32960
			800004719548--4 -12/11/01--01080--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

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

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

REGISTERED AGENT MUST SIGN

Date

10-30-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NICK KONSTANTATOS

11-28-01

562-1001

Konstantatos Enterprises, Inc

915 11Th Terrace
Vero Beach Florida 32966

Phone 561-770-2819
Fax 561-770-0464

2002
October 30, 2001

Florida Department of state
PO Box 6327
Tallahassee, Florida 32314

Dear Sirs:

On 10/29/01 we received a notice of Dissolution or Revocation of our Corporation. This is the first notice we have
Received I am sending you the mailing cover so you can see we have moved. I am also sending a check for our
reinstatement as stated in a phone conversation with one of your workers

Sincerely,

Susan J Konstantatos