PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
FINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P99000079096 **DOCUMENT#**

1. Corporation Name

ARVANITIS/PETRO LAND COMPANY

Principal Place of Business

Mailing Address

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

2699 SEVILLE BLVD., UNIT 609 **CLEARWATER FL 33764**

2699 SEVILLE BLVD., UNIT 609 CLEARWATER FL 33764

SEGRETARY OF STATE

00 DEC 11 PM 5: 10

	·	Address, If Applicable		New Mailing Office Address, If Applicable Sulte, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 09/01/1999		
				ne, Apt. #, etc. 4900 33RD AVL N			5. FEI Number Applied For-		
City & State)		City & State	City & State		59-3628302 Not Applicable			
ST PETERSBURG FL				TERSBUR		6.	\$8.75	Additional Fee required	
Zip			Zip 33	33710		CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7. Names a	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprofit					
Title(s) Name of Officers and/or Directors				Street Address of Eac Officer and/or Director			City / State / Zip		
P/s/D	P/s/D ALEX PETRO			4900 38RD AUL N, ST PETERS BIRL			ST PETERSBURG, FL 38710		
						্ৰা	00003505: -12/19/000:	1059012	
							****750.00	****(51,1,1)0	
								-	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
DETRO ALEV						ALEX PETRO			
PETRO, ALEX 2699 SEVILLE BLVD., UNIT 609					Street Address (P.O. Box Number is Not Acceptable) 4900 33 RD AJE N				
CLEARWATER FL 33764					Suite, Apt. #, Etc.				
						ST Peters Biel FL 33710			
10. I, being	appointed th	e registered agent of the	above named corp	oration, am fa	miliar with and accept th	e obligations of Sect	ion 607.0505, F.S.		
Signature of Registered	f Agent <u>X</u>	aligh	the	-3	<u>augret</u>	<u>)</u>	Date	3	
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 isted on this serfice to a temptron under section 119.07(3)(i), F.S. The integration indicated as this conformal part and the contractive health being the contractive health and the contractive health being the contractive and the contractive health being the contractive and the contractive health and the contractive h on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR