PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 JAN -9 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000086930

1. Corporation Name

VOULGAROPOULOS,INC.

900139018499
12/15/08--01046--019 **758.75

CR2E081 (10/06)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18225 Mainsail Pt. Dr.	P.O. Box 5489
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cornelius, North Carolina	City & State: Statesville, North Carolina
Zip: 28031 Country: USA	Zip: 28687 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/28/1999

5. FEI Number: 562160645 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Madonna Cuddihy Date: 12/10/08

REGISTERED AGENT MUST SIGN Special Assistant Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Menelaos Voulgarpoulos	18225 Mainsail Pt. Dr.	Cornelius, N.C. 28031
D	Menelaos Voulgarpoulos	18225 Mainsail Pt. Dr.	Cornelius, N.C. 28031
	(Sole Board Member)		

01/09/09--01005--020 **291.25

REINSTATEMENT

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 contained in Chapter 119, 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: Mel A Voulgaropoulos 12/11/08 704 871-9731
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #