

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000096257

1. Corporation Name

JOLIN & K. INC.

Principal Place of Business

35141 US HWY 19 N
PALM HARBOR FL 34684

Mailing Address

C/O LINDA PANGOURLIAS
9530 GRAY FOX LN.
PORT RICHEY FL 34668



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3583679

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PANGOURLIAS, JOHN	9530 GRAY FOX LANE	PORT RICHEY FL 34668
VP	PANGOURLIAS, LINDA	9530 GRAY FOX LANE	PORT RICHEY FL 34668

000023969680
10/21/03--01050--028 **150.00

8. Name and Address of Current Registered Agent

PANGOURLIAS, LINDA
9530 GRAY FOX LN.
PORT RICHEY FL 34668

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. or 617.0505, F.S.

Signature of
Registered Agent

Linda Pangourlias
REGISTERED AGENT MUST SIGN

Date 10-16-2003

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:

Linda Pangourlias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-2003

Daytime Phone #

-227-
784-0707

CR2E040 (7/03)

NICK'S PIZZA & PASTA EXPRESS

35141 US Hwy 19 North
Palm Harbor, FL 34684
(727) 784-0707

October 16, 2003

State of Florida
Department of State,

Re:
Notice of dissolution
Document # P99000096257

To Whom it may concern,

I am writing in regards to a notice I received from your office on or about October 11, 2003 stating that our corporation (JOLIN & K. INC.) is being dissolved. I have never received any notice concerning a dissolution of our corporation. I have not even been notified of the fact that my payment was never received. I am asking that the late fee be waived as I didn't even know my original payment was never received.

I want our corporation (JOLIN & K. INC.) to stay in tact. I am enclosing a check in the amount of \$150. Dollars. I do greatly appreciate your help in regards to this matter. Thank you so much for your help.

Sincerely,
Linda Pangourelas
Document # P99000096257
Signature

