


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |   |   |
|--|---|---|
| <b>APPLICATION<br/>FOR<br/>REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 25 PM 3:05

**DOCUMENT # S61328**

1. Corporation Name  
**NEIDA, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>18404 TREEHAVEN DRIVE<br/>HUDSON FL 34687</b> | Mailing Address<br><b>18404 TREEHAVEN DRIVE<br/>HUDSON FL 34687</b> |
|---|---|



**REINSTATEMENT 01**

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

|  |  |
|--|--|
| 2. New Principal Office Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 3. New Mailing Office Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |
|--|--|

|  |  |
|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>06/21/1991</b>                                     |  |
| 5. FEI Number<br><b>59-3079418</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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   |
| P   | PILIOURAS, ATHANASIOS               | 18404 TREEHAVEN DR.                              | HUDSON FL  |
| S   | PILIOURAS, SAMUEL                   | 18404 TREEHAVEN DR.                              | HUDSON FL  |
|   |                                     |  | <b>100004679211--4</b><br><b>-11/14/01--01083--008</b><br><b>****750.00 ****750.00</b> |

8. Name and Address of Current Registered Agent

**PILIOURAS, ATHANASIOS**  
**18404 TREEHAVEN DR.**  
**HUDSON FL 32301**

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 *Athanasios Pilioras* Date 10/11/01  
 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 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: *Samuel Pilioras* Date 10/18/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # \_\_\_\_\_

CR2E040 (8/01)