

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 MAY 29 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V72650

1. Corporation Name

ANAGNOSTOU ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1100 N. BOULEVARD WEST  
LEESBURG, FL 34748

912 BELLE OAK DRIVE  
APT. 121  
LEESBURG, FL 34748

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/19/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3153790	
				Applied For	
				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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	ANAGNOSTOU KOSTAS	912 BELLE OAK DRIVE APT. 121	LEESBURG, FL 34748
V/S	ANAGNOSTOU MONA LISA	912 BELLE OAK DRIVE APT. 121	LEESBURG, FL 34748
			800002548228--4
			-06/04/98--01100--004
			****315.00 ****315.00
TS 6/2 91-98 AR 2 PAGES			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANAGNOSTOU, MONA LISA  
912 BELLE OAK DRIVE  
APT. 121  
LEESBURG, FL 34748

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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: *Mona Lisa Anagnostou*  
REGISTERED AGENT MUST SIGN

Date: 5/27/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: *Mona Lisa Anagnostou*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/98 352 3650707  
Date Daytime Phone #

CR2E040 (1/98)