

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**

96 DEC 16 PM 12: 33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P95000086370**

1 Corporation Name  
**501 NORTH ATLANTIC BLVD. INC.**

Principal Place of Business  
**501 NORTH ATLANTIC BLVD.  
DAYTONA BEACH FL 32118**

Mailing Address  
**501 NORTH ATLANTIC BLVD.  
DAYTONA BEACH FL 32118**



**REINSTATEMENT 96 CW**

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 <b>11/08/1995</b>	
Suits, Apt. #, etc. <b>40 SYCAMORE</b>		Suits, Apt. #, etc. <b>40 SYCAMORE</b>		5. FEI Number Applied For <input type="checkbox"/> <input checked="" type="checkbox"/> Not Applicable	
City & State <b>THORNHILL, ONTARIO</b>		City & State <b>THORNHILL, ONTARIO</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>(See Additional Fee Schedule for Certificate of Status)</small>	
Zip <b>L3T 5V6</b>		Country <b>CANADA</b>		Country <b>CANADA</b>	

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
PSS	SARANTOPOULOS, GEORGE	40 SYCAMORE DRIVE	<b>THORNHILL ONTARIO, CANADA L7T5V</b>
VTD	SARANTOPOULOS, ANTONIA	40 SYCAMORE DRIVE	<b>THORNHILL ONTARIO, CANADA L7T5V</b>
			<b>NEW REGISTERED AGENT MR. JAMES KOLIPOULOS 319 FORDHAM DR DAYTONA BEACH FL 32118</b>

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**COURTNEY-PETERSON, JOYCE  
2900 LAKE WASHINGTON ROAD  
MELBOURNE FL 32835**

9. Name and Address of New Registered Agent

**JOHN TERZOS  
Street Address (P.O. Box Number is Not Acceptable)  
2905 WEST LAKE BLVD  
Suite, Apt. #, Etc.  
SUITE 680  
City  
HOUSTON  
State  
FL  
Zip Code  
77007**

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 \_\_\_\_\_ Date **October 12, 1996**  
**REGISTERED AGENT MUST SIGN**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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: **George Sarantopoulos** 10/12/96 (905) 881-9683  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #