

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P97000100897**

00 JUN -1 AM 9: 25

1. Corporation Name  
**E & A, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
%ANASTASOPOULOS 1600 GULF BLVD. PH-1 CLEARWATER FL 33767	%ANASTASOPOULOS 1600 GULF BLVD. PH-1 CLEARWATER, FL. 33767



**REINSTATEMENT** *99-00*

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>12/01/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-395231</b> APPLIED FOR	
City & State		City & State		Applied for <b>SP</b> Not Applicable	
Zip	Country	Zip	Country	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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ANASTASOPOULOS, ELIAS	1600 GULF BLVD. PH-1	CLEARWATER FL 33767
S	ANASTASOPOULOS, TASSO	630 S. Gulfview Blvd	Clearwater, FL 33767
			<del>800003343968-0</del> -08/02/00--01064--002 ****750.00 ****750.00
			<i>3/14/99 90027 024 15000</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STAACK, JAMES A 121 N. OSCEOLA AVE 2ND FLOOR CLEARWATER FL 33755		Name <b>NICKOLAS C. EKONOMIDES</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 E. KENNEDY BLVD, STE 1130</b> Suite, Apt. #, Etc.	
		City <b>TAMPA</b>	State Zip Code <b>FL 33602</b>

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: *[Signature]* **SIGNATURE REQUIRED** Date: *4/24/00*  
 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: *[Signature]* **SIGNATURE REQUIRED** Date: *4/27/2000* Daytime Phone #: *727-443-6348*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Tasso Anastasopoulos**

CR2E040 (8/98)