

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 854771

1. Corporation Name

Quality Bakery Products of Detroit, Inc.,
a Michigan corporation

Principal Place of Business

Mailing Address

888 E. Las Olas Boulevard, Suite 700
Ft. Lauderdale, FL 33301

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

2. New Principal Office Address, If Applicable

888 E. Las Olas Blvd.

3. New Mailing Office Address, If Applicable

888 E. Las Olas Blvd.

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/82

5. FEI Number

38-1876905

Applied For

Not Applicable

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)

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/D	Harold J. Hink	888 E. Las Olas Blvd. Suite 700	Ft. Lauderdale, FL 33301
VP/D	John Hink	888 E. Las Olas Blvd. Suite 700	Ft. Lauderdale, FL 33301
VP/S T/D	Ronald Hink	888 E. Las Olas Blvd. Suite 700	Ft. Lauderdale, FL 33301
D	Robert Hink	888 E. Las Olas Blvd. Suite 700	Ft. Lauderdale, FL 33301
D	Richard A. Polk	4000 Town Center Suite 1500	Southfield, MI 48075

8. Name and Address of Current Registered Agent

Harold J. Hink
888 E. Las Olas Blvd., Ste. 700
Ft. Lauderdale, FL 33301

9. Name and Address of New Registered Agent

Name
Harold J. Hink
Street Address (P.O. Box Number is Not Acceptable)
888 E. Las Olas Blvd.
Suite, Apt. #, Etc.
Suite 700
City
Ft. Lauderdale
State
FL
Zip Code
33301

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

REGISTERED AGENT MUST SIGN Harold J. Hink

Date Oct. 25, 1999

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold J. Hink, President

Oct. 25, 1999

Date

(954) 797-3663

Daytime Phone #

CR2E(08) (12/98)