

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-00



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

FILED

00 APR 14 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K05591**

1. Corporation Name

QUAKER BAR OF DADE CITY, INC.

2. Principal Office Address

14232 7TH ST.

Suite, Apt. #, etc.

City & State

DADE CITY, FL.

Zip

33523

Country

USA

3. Mailing Office Address

P.O. Box 665

Suite, Apt. #, etc.

City & State

DADE CITY, FL.

Zip

33526

Country

USA

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

1989

5. FEI Number

59-2858014

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARGY F. COSENTINO

Street Address (P.O. Box Number is Not Acceptable)

15433 15TH ST.

Suite, Apt. #, Etc.

City

DADE CITY, FL.

State

FL

Zip Code

33523

500003230165-2

-05/01/00--01006--001

*****908.75--***908.75**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Margy F. Cosentino

REGISTERED AGENT MUST SIGN

Date **4/11/00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MARGY F. COSENTINO	15433 15TH ST.	DADE CITY, FL. 33523
V/P SEC/TREAS	SANDRA H. CARTER	8448 WIRE RD	Zephyrhills, FL. 33540

10. 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:

MARGY F. COSENTINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

352-521-3655

Daytime Phone #

CR2E081 (9/99)