

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 13 11 08:53

DOCUMENT # 701000003624

1. Corporation Name

Food For Hungary INC.

600068107606
03/20/06--01022--003 **240.00

2. Principal Office Address

4711 25th AVE SW

3. Mailing Office Address

P.O. BOX 990155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES, FL

Zip

34116

Country

USA

Zip

34116

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-24-2001

5. FEI Number

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

UNIQUE ENITH MEZILUS

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

4711 25th AVE SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

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

Unique Enith Mezilus

REGISTERED AGENT MUST SIGN

Date

3/6/06

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
P.	ANDRE MEZILIS	P.O. BOX 990155	NAPLES, FL 34116
S.	UNIQUE E. MEZILUS	4711 25th AVE SW	NAPLES, FL 34116
T.	PIERRE L. MERONE	5559 Warren SR	NAPLES, FL 34113

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 contained in Chapter 119, 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:

Andre Mezilis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/06

Daytime Phone #

13 Wtchell MAR 15 2006

2052

March 06, 2006

From: Food For Hungary Inc.
0/0 ANDRE MEZILIS
P O BOX 990155
NAPLES, FL 34116

TO: DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE :REINSTATEMENT (CORP) .
REQUEST TAKEN BY: EPETERSON ON 02-17-2006

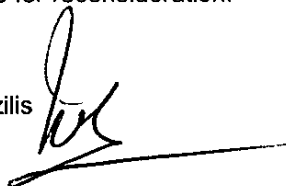
Dear Sir / Madam

We never received any annual report notice, we didn't know what to do until we called and spoke to one of the Division of corporation's representative regarding this matter. And she told us what to do and what exact fees \$ 240 to send for REINSTATEMENT.

Thank you in advance for reconsideration.

Sincerely Yours,

President, Andre Mezilis

A handwritten signature in black ink, appearing to be 'Andre Mezilis', with a long horizontal line extending to the right.