

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 24 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000036152**

1. Corporation Name

SZILAGYI, INC.

2. Principal Office Address

635 8TH ST. S

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34102

Country

COLLIER

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

34102

Country

USA

REINSTATEMENT 03-04

800040007928

08/09/04--01046--003 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

4-5-01

5. FEI Number

59 3709571

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

DAVID McELRATH, P.A.

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

4501 TAMiami TRAIL NORTH

Suite, Apt. #, Etc.

#204

City

NAPLES

State

FL

Zip Code

34103

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

[Signature]

Date **AUG 6, 2004**

REGISTERED AGENT MUST SIGN

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
PT	MICHAEL I. SZILAGYI	635 8TH ST. S	NAPLES, FL 34102
VPS	MARK W. SZILAGYI	635 8TH ST. S	NAPLES, FL 34102

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:

[Signature]
MICHAEL I. SZILAGYI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/04 **239/403-7373**
Date Daytime Phone #

CR2E081 (01/04)

252

MEMORANDUM

from

David McElrath

Attorney at Law

4501 Tamiami Trail North, Suite 204

Naples, Florida 34103

Telephone (239) 262-1202

Fax (239) 262-5219

Date: August 6, 2004

To: Dept. of State
Div. of Corporations
P. O. Box 6327
Tallahassee, FL 32314

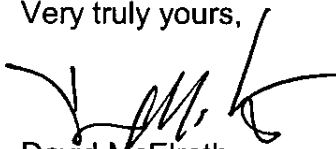
Re: Szilagyi, Inc. reinstatement

Pursuant to instructions received from your office, enclosed are the completed Corporation Reinstatement form and a check for \$300.00 for 2003 & 2004 fees.

The corporation's attorney and resident agent closed his law office and the brothers that own Szilagyi, Inc. did not get the necessary information to file the annual reports.

Thank you for your assistance.

Very truly yours,



David McElrath