

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 20 AM 9:55

DOCUMENT # P04000058615

1. Corporation Name

First Quality Sausage of Pinellas, Inc.

2. Principal Office Address

605-9th Avenue North

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Zip
34695

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

42-1625465

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Aniko Margit Rakoczi

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

605-9th Avenue North

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695

REINSTATEMENT DS-06

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 X

Aniko Rakoczi

Date

7-17-06

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
pstd	Aniko Margit Rakoczi	605-9th Avenue North	Safety Harbor, FL 34695

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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: X

Aniko Rakoczi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-17-06

Daytime Phone #