

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 996000024006

1. Corporation Name

MIDULLA SAUSAGE CO.

Principal Place of Business

**2511 W. COLUMBUS DR.
TAMPA, FL 33607**

Mailing Address

**2511 W. COLUMBUS DR.
TAMPA, FL 33607**

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

2. New Principal Office Address, If Applicable

2511 W. COLUMBUS DR.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33607

HILLSBOROUGH

3. New Mailing Office Address, If Applicable

2511 W. COLUMBUS DR.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33607

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59 331 3717

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES- IDENT & DIRECTOR	TOM MIDULLA	2511 W. COLUMBUS DRIVE	TAMPA, FLORIDA 33607

8. Name and Address of Current Registered Agent

**TOM MIDULLA
2511 W. COLUMBUS DRIVE
TAMPA, FLORIDA 33607**

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Tom Midulla

REGISTERED AGENT MUST SIGN

Date **4/30/98**

11. This corporation owes or has paid 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)(j), 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:

Tom Midulla

Tom Midulla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98
Date

813/3509036
Daytime Phone #

REINSTATEMENT

CR2040 (1/98)