

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV -3 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074839

1. Corporation Name

QUALITY FOODS AND DAIRY PRODUCTS, INC.

Principal Place of Business

107 N 3RD ST  
IMMOKALEE FL 33934

Mailing Address

P.O. BOX 878  
IMMOKALEE FL 33934  
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/1995

5. FEI Number

65-0617573

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SPROAT, DWAYNE	107 N 3RD ST	IMMOKALEE FL 33934

200003046232--7  
-11/16/99--01090--006  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

SPROAT, DWAYNE  
107 N 3RD ST  
IMMOKALEE FL 33934

9. Name and Address of New Registered Agent

Name  
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

*Dwayne Sproat*

Date

10/26/99

REGISTERED AGENT MUST SIGN

11. 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:

*Dwayne Sproat*

*DWAYNE SPROAT*

10/26/99

941 6574600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

KE

2

MARTHA'S BOOKKEEPING &  
INCOME TAX SERVICE

508 Washington Avenue  
Immokalee, FL. 34142

Martha D. Williams

(941) 657-3710

November 1, 1999

REGARDING: QUALITY FOODS AND DAIRY PRODUCTS, INC.

THE CHECK FOR \$150. WAS MAILED ON APRIL 30, 1999.

HOWEVER THE CHECK WAS NEVER CASHED AT THE BANK.

SO WE ARE MAILING ANOTHER CHECK. IF YOU HAVE ANY

QUESTIONS PLEASE CALL ME AT THE ABOVE PHONE NUMBER.

SINCERELY,

*Martha D. Williams*

MARTHA'S BOOKKEEPING &  
INCOME TAX SERVICE  
508 Washington Avenue  
Immokalee, FL. 34142

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