

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P97000014136

1. Corporation Name

GIA FOODS, INC.

Principal Place of Business

Mailing Address

14344 BRISTOW COURT  
ORLANDO FL 32837

14344 BRISTOW COURT  
ORLANDO FL 32837

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/13/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3436213

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DELRE, NICHOLAS	14344 BRISTOW COURT	ORLANDO FL 32837
VD	DELRE, TERESA M	14344 BRISTOW COURT	ORLANDO FL 32837
SD	DELRE, PETER N	81 MCVEIGH AVENUE	STATON ISLAND NY 10314
TD	DELRE, SANTA J	81 MCVEIGH AVENUE	STATON ISLAND NY 10314
			400003441594-9 -10/27/00--01015--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

*Don't have Agent*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

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:

*Nick DelRe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00  
Date

407 240 5239  
Daytime Phone #

DATE : OCT 16 2000

TO : NAME : CORPORATION SERVICE  
FAX NO. : COMPANY

FROM : NAME : NICK DEL RE  
FAX NO. : GIA Foods, INC.

Number of Pages : \_\_\_\_\_ (including cover page)

Subject / Notes : \_\_\_\_\_

I called your Department about the Application for Reinstatement. I was informed I had 2 notices and this was the 3<sup>RD</sup> with the Reinstatement fee. I don't want to blame the U.S. Post Office, but my Business Address is my Home Address and my Kids pick up the Mail, somewhere inbetween it was lost. When I recieved this notice I reacted the same day. I hope you will consider dropping the \$600. charge it will never happen again

Thank You  
Nick DelRe