

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:00

DOCUMENT # P98000046419

1. Corporation Name

KOVACS GEZA, INC.

Principal Place of Business

Mailing Address

1901 INDUSTRIAL PARK DRIVE
PLANT CITY FL 33566

P.O. BOX 1837
PALNT CITY FL 33564

REINSTATEMENT 03
MRD



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

05/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3521375

Applied For

City & State

City & State

Not Applicable

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
PS	KOVACS, GEZA	1102 SINGER TREE DR., S.	LAKELAND FL 33813
S	KOVACS, GEZA	1901 INDUSTRIAL PARK DRIVE	PLANT CITY FL 33566
VP	KOVACS, GEORGE	1102 SINGER TREE DR., S.	LAKELAND FL 33813

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOVACS, GEZA
1901 INDUSTRIAL PARK DRIVE
PLANT CITY FL 33566

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. or 617.0505, F.S.

Signature of
Registered Agent

Glenda E. Hood
REGISTERED AGENT MUST SIGN

Date 12/2/2003

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: *Glenda E. Hood* GEZA KOVACS

12/2/2003 813-757-0939
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)