

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hoed  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000048339

1. Corporation Name

GOULASH CHARDA CORPORATION

Principal Place of Business

Mailing Address

2215 N. FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

2215 N. FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/1998

5. FEI Number

65-0839390

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KONYECSKI, DORA	1935 ADAMS STREET	HOLLYWOOD FL 33020
D	BALLA, LASLO	1935 ADAMS STREET	HOLLYWOOD FL 33020
DP	HELFY, SZILARD	2215 N. FEDERAL HIGHWAY	HOLLYWOOD FL 33020

REINSTATEMENT

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HELFY, SZILARD  
2215 N. FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-28-03

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:

SIGNATURE HELFY SZILARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-03

Date

954 926 3355

Daytime Phone #

CR2E040 (7/03)

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**Goulash Charda Corporation  
2215 N Federal Hwy  
Hollywood FL 33020**

**October 29th, 2003**

**Florida Department Of State  
Division Of Corporation  
Reinstatement Section  
Attn. Tyrone Scott  
PO Box 6327  
Tallahassee FL 32314**

**RE: Goulash Charda Corporation  
P98000048339**

**Dear Division Of Corporation,**

**Please, be advised that we did not receive your annual filing forms in the beginning of this year and that is the reason we filed late. Our check has been cashed for \$300.00 Dollars in July 2003. Please, wave the penalty and reinstate our corporation.**

**Sincerely,**



**Szilard Helfy  
President**