

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P99000074573

1. Corporation Name

REGINA'S FOOD PRODUCTS, INC.

Principal Place of Business

9727 66TH STREET NORTH
PINELLAS PARK FL 33782

Mailing Address

9727 66TH STREET NORTH
PINELLAS PARK FL 33782

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

08/16/1999

5. FEI Number

59-3593816

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	PEREZ, RICARDO E	12077 71ST WAY NORTH	LARGO FL 33773
D	PEREZ, ROSARIO C	12077 71ST WAY NORTH	LARGO FL 33773

800004704368--4
12/04/01 01050 008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

PEREZ, RICARDO E
9727 66TH STREET NORTH
PINELLAS PARK FL 33782

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-06-01

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:

ROSCARIO C. PEREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1070-01 (727) 544-7145
Date Daytime Phone #

APPROVED
AND
FILED

01 NOV -9 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2000 (8/01)