

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JAN 23 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V45370

1. Corporation Name

QUALITY AMERICAN PRODUCTS, INC.

Principal Place of Business

Mailing Address

Katafa U 4  
Budapest, Hungary

Katafa U 4  
Budapest, Hungary

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

2. New Principal Office Address, If Applicable

Katafa U 4

3. New Mailing Address, If Applicable

Katafa U 4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Budapest

City & State

Budapest

Zip

Country

Hungary

Zip

Country

Hungary

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

6/23/92

5. FEI Number

65-0340495

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	George Ell	Katafa U 4	Budapest, Hungary
T/D	Lorraine Ell	Katafa U 4	Budapest, Hungary
S	Eniko Suto	Szilagy, Erszabet Fasar 1	Budapest, Hungary

100002415311--5

-01/28/98--01108--017

\*\*\*1058.75 \*\*\*1058.75

501-26-98

8. Name and Address of Current Registered Agent

Minna Ell  
8090 Whispering Palm Drive  
Boca Raton, FL 33496

9. Name and Address of New Registered Agent

Name

John B. DiChiara

Street Address (P.O. Box Number is Not Acceptable)

507 S.E. 11th Court

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

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

John B. DiChiara REGISTERED AGENT MUST SIGN

Date

1/5/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

George Ell, President  
12/23/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)