

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 348376

1. Corporation Name

QUALITY CHEMICAL CO

Principal Place of Business

Mailing Address

C/O LYNN STONE
1835 N.E. 144 STREET
N. MIAMI FL 33181

C/O LYNN STONE
1835 N.E. 144 STREET
N. MIAMI FL 33181

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

06/24/1969

5. FEI Number

59-1277843

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	STONE, LYNN	1835 NE 144TH ST.	NORTH MIAMI FL
ST	OPPENHEIN, RHONDA	1835 NE 144 STREET	MIAMI FL 33181
			0000004669950--0 -11/07/01--01003--013 ****750.00 ****750.00
			REINSTATEMENT 01 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STONE, LYNN
1835 N.E. 144TH STREET
NORTH MIAMI FL 33181

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

[Handwritten Signature]

Date

Oct 17-01

REGISTERED AGENT MUST SIGN

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:

[Handwritten Signature]

LYNN STONE Oct 17-01 - 305-944-2837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FILED

01 OCT 22 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/01)