

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

03 OCT 29 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087628**

1. Corporation Name

**QUICK'S SHELVING, INC.**

Principal Place of Business

Mailing Address

~~193 STAHLMAN AVE-  
#78  
DESTIN FL 32541~~

PO BOX 1116  
DESTIN FL 32540



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

**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/23/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3216347

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

~~32541~~

~~OKalosse~~

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	QUICK, OTHO K	<del>193 STAHLMAN AVENUE #78</del> 132 Benning dr.	DESTIN FL 32541

500024251195  
10/29/03--01041--025 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUICK, OTHO K  
~~193 STAHLMAN AVENUE #78~~ 132 Benning dr.  
DESTIN FL 32541

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 *Keith Quick* Date 10/27/03  
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: *Keith Quick* 10/27/03 850 685-4327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

Ph. 850-837-7350 / Fax 850-650-5493  
PO box 1116  
Destin, FL 32540

**Quick's Shelving, Inc.**

# Fax

**To:** Division of Corporations      **From:** Quick's Shelving, Inc.  
**Fax:**      **Pages:** 1  
**Phone:** (850) 245-6059      **Date:** 10/27/03  
**Re:** Re-instatement of Corporate status      **CC:**

Urgent     For Review     Please Comment     Please Reply     Please Recycle

● **Comments:**

To Whom It May Concern:

I have been incorporated since 1993 and have never missed filling an annual report for the state. I pay all of my obligations on time. This was the first notice that I received from the state telling me that my corporation had been revoked. I assure you that I would have never let this lapse had I gotten the proper notification. I know that this is a hard situation to prove on my part. I am asking the state to waive my reinstatement fee of \$ 600.00. Thank you for your help with this situation. Please do not hesitate to call if you have any questions.

Quick's Shelving, Inc.



Keith Quick (President)