

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

98 NOV 30 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 171618

1. Corporation Name

Q. K., INC.

Principal Place of Business

Mailing Address

40560 SE 130 PL RD(SUMMERFIELD-FL32691)
P.O. BOX 429
OKLAWAHA FL 32179-0429

40560 SE 130 PL RD(SUMMERFIELD-FL32691)
P.O. BOX 429
OKLAWAHA FL 32179-0429

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.

P.O. Box 429
OKLAWAHA, FL.

301 WALNUT ST.
MACON, GA.

City & State

City & State

Zip

Country

Zip

Country

32183 USA

31201

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

12/22/1952

5. FEI Number

59-6073164

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	MULLIS, B.L., SR.	P.O. BOX 429 N/A	OKLAWAHA FL
SD	BRYANT, BARBARA M	301 WALNUT STREET	MACON GA
V	MULLIS, B.L. JR.	301 WALNUT STREET	MACON GA

000002702380--3
-12/03/98--01098--015
****750.00 ****750.00

11/12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MULLIS, BOB L
HIGHWAY 441 AT GALE STREET
P.O. BOX 429
OKLAWAHA FL 32679

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

BOB L MULLIS
REGISTERED AGENT MUST SIGN

Date 11-22-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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:

BOB L MULLIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-22-98 (912) 743-7551

CR2E040 (9/98)