

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 337200

1. Corporation Name

Qualls Brothers, Inc.

2. Principal Office Address - No P.O. Box #

39th Street Gulf--Tuskegee

Suite, Apt. #, etc.

City & State

Marathon, FL

Zip
33050

Country
U.S.A.

3. Mailing Office Address

P.O. Box 522373

Suite, Apt. #, etc.

City & State

Marathon, FL

Zip
33050

Country
U.S.A.

REINSTATEMENT 1992-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1968

5. FEI Number

591366750

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kelly Qualls, as Personal Representative Estate of Johnny B. Qualls

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

39th Street Gulf--Tuskegee

Suite, Apt. #, Etc.

City

Marathon

State

FL

Zip Code

33050



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kelly Qualls

REGISTERED AGENT MUST SIGN

Date

6/21/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Kelly Qualls, as Personal Representative Estate of Johnny B. Qualls	39th Street Gulf--Tuskegee	Marathon, FL 33050
S/T/D	Sammy J. Qualls	c/o R. Anderson Haynes, Esq., 78 Pacolet Street	Tryon, NC 28782
D	Albert Qualls	1940 North Taft	Benkely, IL 60163
			200105412562 07/03/07--01050--023 **3000.00

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly Qualls

Date

6/21/07

Daytime Phone #

305-973-6150

2667