

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 399687

1. Corporation Name

QUALITY DEVELOPERS, INC.

Principal Place of Business

117 Heatherpoint Dr.
Lakeland, FL 33809

Mailing Address

P. O. Box 91086
Lakeland, FL 33804

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

2. New Principal Office Address, if Applicable
as above shown

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-20-72

5. FEI Number

59-1420911

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Robert E. Warnock	117 Heatherpoint Dr.	Lakeland, FL 33809
S/T/D	Carl C. Warnock, Sr.	214 Fernery Rd.	Lakeland, FL 33809
			000066133840 02/17/06--01030--022 **450.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Robert E. Warnock

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

117 Heatherpoint Drive

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

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

Robert E. Warnock

REGISTERED AGENT MUST SIGN

Robert E. Warnock

Date 1-13-06

11. This corporation owes 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)(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:

Robert E. Warnock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Warnock, President

Date

1-13-06

Daytime Phone #

FILED

06 FEB 15 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-06

CP2E081 (12/98)