

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -2 PM 1:30

DOCUMENT # 612802

1. Corporation Name

I-QUEUE, INC.

Principal Place of Business

7200 US 19 N STE 844  
PINELLAS PARK FL 34665  
US

Mailing Address

7200 US 19 N STE 844  
PINELLAS PARK FL 34665  
US



REINSTATEMENT 98-00

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

2. New Principal Office Address, If Applicable

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

03/13/1979

5. FEI Number

59-1890383

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
✓D	FITZMAURICE, ROBERT R	6006 1ST AVE S #16	ST. PETERSBURG FL <i>Deceased</i>
✓D	FRANZ, JEAN	5655 KOLIN ST	CHICAGO IL
P	MUELLER, HERBERT J JR.	2936 WHISPER LANE SO	CLEARWATER FL
			400003471324-4 -11/20/00--01149--017 ***1050.00 ***1050.00 <i>10/22/00</i>

8. Name and Address of Current Registered Agent

FITZMAURICE, ROBERT R  
2146 BARCELONA WAY  
ST. PETERSBURG FL 33712

*Herbert J Mueller  
2936 Whisper Lane  
Clearwater FL  
33762*

9. Name and Address of New Registered Agent

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10-22-00

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)(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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-00

Daytime Phone #

CR2E040 (9/98)