

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 28 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F02000004862

1. Corporation Name

Q RESEARCH SOLUTIONS INC.

Principal Place of Business

Mailing Address

3548 ROUTE 9 SOUTH  
OLD BRIDGE NJ 08857

3548 ROUTE 9 SOUTH  
OLD BRIDGE NJ 08857

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.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



700024196987

10/28/03--01023--001 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/2002

5. FEI Number

22-3175158

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	4 City / State / Zip
PCD	NELSON, PATTI	3548 ROUTE 9 SOUTH	OLD BRIDGE NJ 08857

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENRY, DENISE  
835 POINSETIA DRIVE  
INDIAN HARBOR BEACH FL 32937

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

*Denise Henry*  
REGISTERED AGENT MUST SIGN

Date

10/17/03

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:

*Denise Henry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/03 732-952-0000

CR2E040 (7/03)



October 23, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Q Research Solutions, Inc. Reinstatement**

Dear Sir or Madam,

Our office received a Certificate of Administrative Dissolution or Revocation stating that the Florida Department of State has dissolved our corporation for failure to file 2003 corporation annual report. Please be advised that we did not receive the two prior UBR notices, therefore we respectfully request to waive the reinstatement fee of \$600, and moving forward, to forward the UBR notices to the following address:

Q Research Solutions, Inc.  
3548 Route 9 South, 2<sup>nd</sup> Floor  
Old Bridge, NJ 08857

Enclosed please find the following:

- Application for Reinstatement
- Check for \$150.00

Should you have any questions regarding this letter and/or the attached application please contact Tatyana Anronikov at 732-952-0000 ext. 257.

Sincerely,

Q Research Solutions, Inc.

Patti Nelson  
President  
Q Research Solutions, Inc.