

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P05135**

1. Corporation Name

**Q.P.S., INC.**

Principal Place of Business

**6161 BLUE LAGOON DRIVE  
SUITE 360  
MIAMI, FLORIDA 33126 U.S.**

Mailing Address

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

2. New Principal Office Address, If Applicable

**2801 PONCE DE LEON BLVD.  
SUITE, Apt. #, etc.  
650**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

**CORAL GABLES, FLORIDA**

Zip

**33134**

Country

**U.S.A.**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/12/1980**

5. FEI Number

**59-2078501**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

**REINSTATEMENT**

*96-98*  
*AD*

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
D/T	MARLEY, DAVID A.	2801 PONCE DE LEON BLVD. #650	CORAL GABLES, FLORIDA 33134
D/P	SOULE, PAUL	9471 SW 97 STREET	MIAMI, FLORIDA 33126
D/V	MARLAR, DAWN	2801 PONCE DE LEON BLVD. #650	CORAL GABLES, FLORIDA 33134
			900002537009--0 -05/27/98--01087--003 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

**MARLEY, DAVID A.  
6161 BLUE LAGOON DRIVE #300  
MIAMI, FLORIDA 33126**

9. Name and Address of New Registered Agent

Name

**Paul S. Soule**

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

**2801 PONCE DE LEON BLVD. SUITE 650**

Suite, Apt. #, Etc.

**SUITE 650**

City

**CORAL GABLES**

State

**FL**

Zip Code

**33134**

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

REGISTERED AGENT MUST SIGN

Date

**5/19/98**

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paul Soule**

Date

**5/19/98**

Daytime Phone #

CR2E040 (1/98)