

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 MAY 14 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F59724**

1. Corporation Name

**James A. Quarles Residential ~~Contractor~~  
Contractor, Inc**

2. Principal Office Address

**P.O. Box 324**

Suite, Apt. #, etc.

City & State

**Gotha FL**

Zip

**34734**

Country

**USA**

3. Mailing Office Address:

**Same**

Suite, Apt. #, etc.

City & State

**REINSTATEMENT**

**0001**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12-23-1981**

5. FEI Number

**59-2146032**

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

**MaryAnn Quarles**

**LS**

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

**12500 Crown Pointe Circle**

Suite, Apt. #, Etc.

City

**~~Gotha~~ Clermont**

State  
**FL**

Zip Code

**34711**

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

**MaryAnn Quarles**

REGISTERED AGENT MUST SIGN

Date

**5/14/01**

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres.  | MaryAnn Quarles                      | 12500 Crown Pointe Cir.                           | Clermont, FL 34711 |
| Sec.   | James A. Quarles                     | 12500 Crown Pointe Cir.                           | Clermont, FL 34711 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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 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:

**MaryAnn Quarles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/14/01**

Date

Daytime Phone #

CR2E081 (9/00)