

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 16 AM 10:28

DOCUMENT # **F59724**

1. Corporation Name

**JAMES A. Quarles
Residential Contracting, Inc.**

2. Principal Office Address

9720 8th St

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 324

Suite, Apt. #, etc.

City & State

Gotha FL

City & State

Gotha, FL

Zip

34734

Country

USA

Zip

34734

Country

USA

000020255420
05/29/03--01068--014 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/81

5. FEI Number -

592146032

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

MARY ANN QUARLES

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

12500 Crown Pointe Circle

Suite, Apt. #, Etc.

City

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

Mary Ann Quarles
REGISTERED AGENT MUST SIGN

Date

5/16/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Mary Ann Quarles	12500 Crown Pointe Circle	Clermont, FL 34711
Sec	James A. Quarles	12500 Crown Pointe Circle	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:

Mary Ann Quarles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/15/03

Daytime Phone #

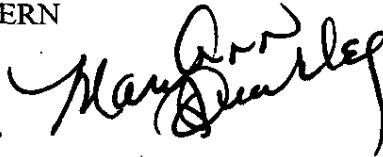
352-28-8804

CR2E081 (10/02)

MAY 15,2003

TO: WHOM IT MAY CONCERN

FROM: MARYANN QUARLES,
REGISTERED AGENT
FOR JAMES A QUARLES RES. CONTR., INC.
PO BOX 324
GOTHA, FL 34734

A handwritten signature in black ink, appearing to read "MaryAnn Quarles", is written over the printed name and address.

SUBJECT: ANNUAL REPORT

WE DID NOT RECEIVE ANY FORMS FOR FILING OUR ANNUAL REPORT THIS YEAR, AS A RESULT WE ARE NOW IN AN INACTIVE STATUS AND WOULD LIKE TO REINSTATE AT THIS TIME. THANKS FOR ANY ASSISTANCE YOU CAN EXTEND AT THIS TIME.