

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001409

1. Corporation Name

QCC, INC. OF KANSAS

Principal Place of Business

8829 BOND ST.
OVERLAND PARK KS 66214

Mailing Address

8829 BOND ST.
OVERLAND PARK KS 66214

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

03/21/1994

5. FEI Number

48-1142338

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PC	CINELLI, ALBERT E	8829 BOND ST.	OVERLAND PARK KS 66214
VD	GREENBANK, JOHN C	8829 BOND ST.	OVERLAND PARK KS 66214
D	CINELLI, JOHN P	8829 BOND ST.	OVERLAND PARK KS 66214
V	SHEARER, THOMAS W Walbert, Allen F.	8829 BOND ST.	OVERLAND PARK KS 66214
S	HAWKS, COLE W	8829 BOND ST	OVERLAND PARK KS 66214
VT	WEBER, LOHN H	8829 BOND ST.	OVERLAND PARK KS 66214

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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

Edg Hand
REGISTERED AGENT MUST SIGN

Date

2/6/01

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:

Allen E Walbert II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/01

Daytime Phone #

913 442 1230

X 5121

KE



REINSTATEMENT

2000-01

CR2E040 (8/00)