

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **REMOVED AND FILED**

98 DEC -7 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F95000002339**

1. Corporation Name
MQC COLLECTION SERVICES, INC.

Principal Place of Business P.O. BOX 14474 TOLEDO OH 43614	Mailing Address P.O. BOX 14474 TOLEDO OH 43614
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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		4. Date Incorporated or Qualified To Do Business in Florida 05/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 34-1254732	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVD	RICKARD III, HAROLD S	5620 SOUTHWYCK BLVD., STE 206	TOLEDO OH
VD	OVERCASHIER, JOAN	5620 SOUTHWYCK BLVD., STE 206	TOLEDO OH
S	SCHEANWALD, THOMAS	5620 SOUTHWYCK BLVD., STE.206	TOLEDO OH
TD	RICKARD, MARGARET	5620 SOUTHWYCK BLVD., STE 206	TOLEDO OH
CD	RICKARD JR, HAROLD S	5620 SOUTHWYCK BLVD., STE 206	TOLEDO OH

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400002709564--1 Suite, Apt. #, Etc. -12/10/98-01098-025 City ****158-00 State Zip Code 758-00 FL	
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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 **SIGNATURE REQUIRED** Date **Nov. 30, 1998**
REGISTERED AGENT MUST SIGN

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 REQUIRED** **JOAN OVERCASHIER** 12-4-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/98)