

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -7 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95 00000 2339

1. Corporation Name

MQC Collection Services, Inc.

2. Principal Office Address

P.O. Box 14474
Suite, Apt. #, etc.

City & State

Toledo, OH

Zip

Country

43614

USA

3. Mailing Office Address

5620 Southwyck Blvd.
Suite, Apt. #, etc.

City & State

Toledo, OH

Zip

Country

43614

USA

REINSTATEMENT 02-05
02-24-04 01031024 \$758.75

4. Date Incorporated or Qualified
To Do Business in Florida

5-12-95

5. FEI Number

34-1254732

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

CT Corporation Sysytem

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Diane Stout

Diane Stout, Asst. Secretary

Date 1-26-05

REGISTERED AGENT MUST SIGN

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
PD	Harold S. Rickard	5620 Southwyck	Toledo, OH 43614
VP	Nancy Condon	5620 Southwyck	Toledo OH 43614
S	Tom Scheanwald	5620 Southwyck	Toledo, OH 43614
TD	Joan Overcashier	5620 Southwyck	Toledo, OH 43614
CD	Margaret Rickard	5620 Southwyck	Toledo, OH 43614

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:

Harold Rickard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-3-05

Daytime Phone #

419-866-6227

CR2E081 (01/05)