

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 FEB 19 PH 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G38454

**1. Corporation Name**

QUALITY PRESS, INC.

**2. Principal Office Address**

4763 E 11 AVENUE

Suite, Apt. #, etc.

City & State

HIALLAH FL

Zip

33013

Country

USA

**3. Mailing Office Address**

PO BOX 551535

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33355

Country

USA

**REINSTATEMENT** 68-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/1/83

**SP**

**5. FEI Number**

592332340

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

JERROLD HOCHFELSEN

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

4763 E 11 AVE

Suite, Apt. #, Etc.

200003782432-1

-02/27/01--01061--004

\*\*\*1200.00 \*\*\*1200.00

City

HIALLAH

State

FL

Zip Code

33013

**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

REGISTERED AGENT MUST SIGN

Date

02/15/01

**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	JERROLD I HOCHFELSEN	1061 SW 93 AVENUE	PLANTATION FL 33324

**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:**

JERROLD I HOCHFELSEN

Date

02/15/01

Daytime Phone #

305-785-6137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR