

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
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| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Katherine Harris Secretary of State DIVISION OF CORPORATIONS |

FILED

99 JUN 21 PM 1:43

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J54709

1. Corporation Name
QUALITY TRANSPORT, INC.

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|---|--|
| Principal Place of Business 2707 W. Highway 44 Eustis, FL 32726 | Mailing Address P.O. Box 1764 Eustis, FL 32727 |
|---|--|

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 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |
| | |

4. Date Incorporated or Qualified To Do Business in Florida 1/29/87

5. FEI Number
59-2781559

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 98-99

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 |
|------------|-------------------------------------|---|----------------------|
| D/P/S/T | Gregory Nacke | 2707 W. Highway 44 | Eustis, FL 32726 |
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8. Name and Address of Current Registered Agent

Gregory Nacke
2707 W. Highway 44
Eustis, FL 32726

9. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| Suite, Apt. #, Etc. |
| City |
| State |
| 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 *Gregory Nacke*
REGISTERED AGENT MUST SIGN

Gregory Nacke Date *6-16-99*

11. This corporation owes 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: *Gregory Nacke* Gregory Nacke *6-16-99* (352) 357-3554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D., time Phone #

CR2E081 (12/98)