

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 SEP 25 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 274108

1. Corporation Name
Quam & Co., Inc.

Principal Place of Business Mailing Address
15215 Plantation Oaks DR. # 4
Tampa, FL 33647

700002649477--6
-09/25/98--01091--009
****900.00 ****900.00

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. Same as Above

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. Same as Above

4. Date Incorporated or Qualified To Do Business in Florida
5/22/87

5. FEI Number
59-2819882

Applied For
Not Applicable

City & State
Zip Country

City & State
Zip Country

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)

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
Pres	Robert K. Quam	15215 Plantation Oaks DR. # 4	Tampa, FL 33647

97-98 BS 9/25

REINSTATEMENT

8. Name and Address of Current Registered Agent

Robert K. Quam
15215 Plantation Oaks DR. # 4
Tampa, FL 33647

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

Robert K. Quam
REGISTERED AGENT MUST SIGN

Date

9/22/98

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:

Robert K. Quam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 22, 1998 813/977-4056
Date Daytime Phone #

CR2040 95