

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K26201

1. Corporation Name

SQI, SWEDISH QUALITY INSTRUMENTS, INC.

Principal Place of Business

450-B MANDALAY AVE.
CLEARWATER FL 33767

Mailing Address

450-B MANDALAY AVE.
CLEARWATER FL 33767

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

06/13/1988

Suite, Apt. #, etc.

604C Mandalay Ave.

Suite, Apt. #, etc.

604C Mandalay Ave.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33767

Country

USA

Zip

33767

Country

USA

FEI Number

59-2902295

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	FORSBERG, URBAN K	VAKSALAGATEN 28 2TR	5-753 31 UPPSALA SWEDEN
			500009582775 12/18/02--01065--030 **150.00
			500009582775 12/18/02--01065--029 **750.00

8. Name and Address of Current Registered Agent

CARRION, RAMON
28100 U.S. HWY 19 N
SUITE 504
CLEARWATER FL 33761

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

URBAN K. FORSBERG

Date

Dec 13, 2002

Daytime Phone #

NONE

CR2E040 (8/02)

SQI, Swedish Quality Instruments, Inc.
604 C Mandalay Ave
Clearwater, Florida 33767
December 13, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

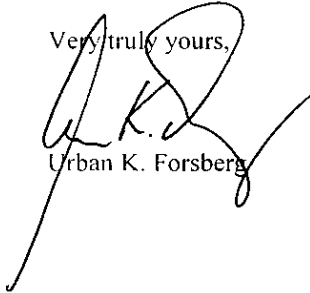
Dear Sir:

We respectfully request that the late filing penalty for our Uniform Business Report be waived. During the past year, we moved our offices from 450-B Mandalay to 604 C Mandalay Avenue. Because I am here in the United States only two or three times a year, it did not become apparent to me that I had not received the UBR form until just recently. I live and work regularly in Uppsala, Sweden.

I have enclosed checks for both \$750 and \$150. If you approve my waiver request, please return the \$750 check to me in the envelope provided.

I gratefully thank you for your consideration.

Very truly yours,


Urban K. Forsberg

UKF: kjd