

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K53243

1. Corporation Name

Quinstone Industries, Inc.

Principal Place of Business  
1112 West King St.  
Quincy, FL 32351

Mailing Address  
1112 West King St.  
Quincy, FL 32351

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/88

5. FEI Number

59-2924188

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Thayer, Burton E. III	1200 Riverplace Blvd. Suite 902	Jacksonville, FL 32207
P, D	Spivey, Russell	1200 Riverplace Blvd. Suite 902	Jacksonville, FL 32207
C, D	Collins, Peter	1200 Riverplace Blvd. Suite 902	Jacksonville, FL 32207
D	Pavlik, Sven	1200 Riverplace Blvd. Suite 902	Jacksonville, FL 32207
D	Watkins, J. Ben	1200 Riverplace Blvd. Suite 902	Jacksonville, FL 32207
D	Radey, John	1200 Riverplace Blvd. Suite 902	Jacksonville, FL 32207

8. Name and Address of Current Registered Agent

None Listed

200002820442--6  
-03/26/99--01102--005  
\*\*\*\*900.00 \*\*\*\*900.00

9. Name and Address of New Registered Agent

Name

Intrastate Registered Agent Corporation

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

701 Brickell Avenue

Suite, Apt. #, Etc.

Suite 3000

City

Miami

State

FL

Zip Code

33131

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

*Donald W. Walker*, Vice President  
REGISTERED AGENT MUST SIGN

Date 3-19-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Peter H. Collins* PETER H. COLLINS

2/9/99  
Date

704-393-9020  
Daytime Phone #

CR2E081 (12-98)