

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -1 PM 11:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # *K63086*

1. Corporation Name

Quality Contracting, Inc.

2. Principal Office Address

23 NE 6th Street

Suite, Apt. #, etc.

City & State

Chiefland, FL

Zip

32626

Country

USA

3. Mailing Office Address

P. O. Box 866

Suite, Apt. #, etc.

City & State

Chiefland, FL

Zip

32644

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2924726

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT *99-00*

7. Name and Address of Current Registered Agent

Name

Judy S. Taylor

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

23 NE 6th Street

Suite, Apt. #, Etc.

City

Chiefland

State  
FL

Zip Code

32626

900003499759-4

-12/13/00-01067-020

\*\*\*1800.00 - \*\*\*\*900.00

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

*Judy S. Taylor*  
REGISTERED AGENT MUST SIGN

Date 6/21/00

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
Pres	Judy S., Taylor	23 NE 6th Street	Chiefland, FL 32626
Sec/Tr	James Rollin Hudson, Jr.	304 NE 1st Street	Chiefland, FL 32626

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:

*Judy S. Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/00

Date

352-493-2025

Daytime Phone #

KE

CR2081 (9/99)