

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K66377**

1. Corporation Name

QUINCY U.S., INC.

Principal Place of Business

Mailing Address

8640 SEMINOLE BLVD P O BOX 3390
8486 SEMINOLE BLVD P O BOX 3390
SEMINOLE FL 34642
US

8640 SEMINOLE BLVD P. O. BOX 3380
8486 SEMINOLE BLVD P O BOX 3390
SEMINOLE FL 34642
US

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

**P.O. Box 38
DORSET, ONTARIO,
CANADA
POA 1EO**

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1989

5. FEI Number

65-0104355

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/

Title(s)	Name of Officers and/or Directors	Office Box Numbers	City / State / Zip
DP	HICKLING, HERBERT	24 QUINCY CRESCENT N/A P.O. Box 38, DORSET, ONTARIO, CANADA POA 1EO	WILLOWDALE, ONT CANAD WILLOWDALE, ONT CANAD
DST	VANDERKOLFF, ANTHONY W.	24 QUINCY CRESCENT N/A P.O. Box 38, DORSET, ONTARIO, CANADA POA 1EO	WILLOWDALE, ONT CANAD WILLOWDALE, ONT CANAD

**300002081013--8
-02/07/97--01011--006
****375.00 ****375.00**

8. Name and Address of Current Registered Agent

**HOFSTRA, PETER F.
8640 SEMINOLE BLVD
P O BOX 3390
SEMINOLE FL FL 34942**

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

REGISTERED AGENT MUST SIGN

Date **9-18-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

Date

Daytime Phone #

Sept. 30/96 (705) 766-0354

FILED

97 FEB 24 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

MWD

96

CFR2040 (7/96)