

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

Page 1 of 2

FILED

97 JAN 31 AM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K99262

1. Corporation Name

Quality service EXPRESS INC.

Principal Place of Business

Mailing Address

P.O. 7556

817 Appleyard DR

Tallahassee FLA. 32304

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/1989

5. FEI Number

59-2956678

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	Harold W Edwards	703 coble Dr.	Tallahassee FLA. 32301
D	Harold W Edwards	—	—

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-02/04/97--01142--011

***365.00 ***365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LARRY S. WOLFE
200-A John Knox Rd
Tallahassee FL 32303

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Larry Wolfe

REGISTERED AGENT MUST SIGN

Date

Jan 31, 1997

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:

Harold W Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)

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QUALITY SERVICE EXPRESS, INC

Telephone (904)933-4868
Fax (904)856-7197

POST OFFICE BOX 7556
NEED A BUS - CALL US!
TALLAHASSEE, FLORIDA 32301

January 31, 1997

To Whom It May Concern:

Our mailing addressed changed last year and we did not receive any new annual reporting information. Our company needs to update our corporate records for this year. Thank you for waiving the new late filing fees.

Sincerely,

Harold W. Edwards
President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA