

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

Sep 13 1996 8:00 am  
Secretary of State

DOCUMENT # L08534

1. Corporation Name

Quality Data Bureau, INC

Principal Place of Business

Mailing Address

2740 E OAKLAND PK Blvd  
Ft LAUDERDALE, FL 33306

800001947048

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
65-0143866

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

FT LAUDERDALE FL  
33339 Broward

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

3. Street Address of Each  
Officer and/or Director  
(Do NOT Use Post Office Box Numbers)

4. City / State / Zip

P-D DONALD NICHOLS 2740 E. OAKLAND PK FT LAUDERDALE FL 33306

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C. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Don Nichols  
2740 E. Oakland Park Blvd.  
Ft. Lauderdale, FL 33306

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

Don Nichols

REGISTERED AGENT MUST SIGN

Date 9-12-94

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Don Nichols Don Nichols  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/94 (954) 564-3323  
Date Daytime Phone #

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607  
904-222-9171  
904-222-0393 FAX

800-342-8086

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ACCOUNT NO. : 072100000032

REFERENCE : 085068 98067A

AUTHORIZATION :

*Patricia Pijut*

COST LIMIT : \$ 375.00

ORDER DATE : September 13, 1996

ORDER TIME : 11:24 AM

ORDER NO. : 085068

CUSTOMER NO: 98067A

CUSTOMER: Mr. Don Nichols  
Quality Credit Controls, Inc  
P. O. Box 39355

Fort Lauderdale, FL 33339

DOMESTIC FILINGS

NAME: QUALITY DATA BUREAU, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
96 SEP 13 PM 12:37  
DIVISION OF CORPORATION