

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katharine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 14 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 130495

1. Corporation Name

Q.S.C. FINANCIAL CORPORATION

2. Principal Office Address

7430 SUNSHINE SKYWAY LN.

3. Mailing Office Address

ST. PETE. FL. 33711

Suite, Apt. #, etc.

#906

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

Zip

33711

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/89

5. FEI Number

59-2980295

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES S. CAMPANA

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

7430 SUNSHINE SKYWAY LN.

Suite, Apt. #, Etc.

#906

City

ST. PETE.

State  
FL

Zip Code

33711

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

Date

5/14/01

LS

REGISTERED AGENT MUST SIGN

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.	CHARLES S. CAMPANA	7430 SUNSHINE SKYWAY LN. #906	ST. PETE. FL. 33711

800004288508-9  
-05/22/01-01137-029  
\*\*\*1173.75 \*\*\*1173.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/14/01

Daytime Phone #

813  
872-8989 ext  
146

20/2

# **C. S. C. FINANCIAL CORPORATION**

7430 Sunshine Skyway Lane South, #906

St. Petersburg, Florida 33711-5509

727-865-0407

May 11, 2001

VIA HAND DELIVERY

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Florida 32399

To Whom It May Concern:

I am writing on behalf of C. S. C. Financial Corporation, an inactive Florida corporation, to request that the Division of Corporations waive C.S.C. Financial Corporation's reinstatement fee on a one-time basis and reinstate C.S.C. Financial Corporation as an active Florida Corporation. I make this request for a fee waiver on the grounds that the corporation never received notice.

I have attached to this letter a completed reinstatement form and a check for \$1,173.75 made payable to the Department of State. (\$1,165 for reinstatement and \$8.75 for one (1) Certificate of Status). If you need anything further or are unable to comply with our request, please contact me at (727) 865-0407, or (813) 872-8989, ext. 146.

Sincerely,



Charles S. Campana, President  
C.S.C. Financial Corporation