

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L73084**

1. Corporation Name

QUALITY COMMUNICATIONS OF FLORIDA, INC. *99AR*

FILED

99 NOV -5 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3701 SW 47 AVE 3701 SW AVE
104 104
DAVIE FL 33314 DAVIE FL 33314
US US

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

4. Date Incorporated or Qualified To Do Business in Florida

05/11/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0193435

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	HOOD, JOHN M. deceased	11301 NW 22 ST	PLANTATION FL
V	HOOD, MONA L	9511 NW 5 ST	PEMBROKE PINES FL
V	HOOD, SCOTT D	10401 NW 17 PL	PEMBROKE PINES FL
DC	HOOD, JR J W	9511 NW 5TH ST	PEMBROKE PINES FL
			600003046406--3 -11/16/99--01099--015 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

HOOD, JOHN W., JR.
9511 NW 5 ST
PEMBROKE PINES FL 33024

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

11-2-99

11. 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 #

11-2-99

**Quality Communications of Florida, Inc.
3701 S.W. 47th Avenue
Davie, Florida 33314
(954) 584-4111 Fax (954) 584-7940**

October 29, 1999

**Division of Corporations
Secretary of State
P.O.Box 6327
Tallahassee, FL 32314-6327**

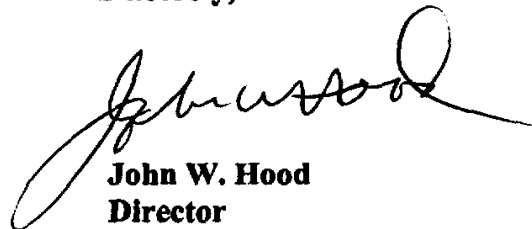
Re: Application for Reinstatement

Enclosed is a completed Application for Reinstatement. According to Stacey, an employee in your office, first and second notices were sent to the wrong address and returned to your office. Per her instructions, we are enclosing a check for \$ 150.00 (the regular fee) along with the Application for Reinstatement.

If you have any further questions, please call my accountant:

**Leonard J. Ferrara
(954) 344-0671**

Sincerely,


**John W. Hood
Director**