

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



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

**FILED**  
98 DEC 30 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # 29700000915**

*Quick Coupling America L.C.*  
*8230-D Seven Dr.*  
*Boca-Raton FLA. 33433*

1a. Principal Place of Business Address

*8230-D Seven Dr.*  
*Boca-Raton FLA*  
*33433*

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

*Boca Raton Florida*  
Suite, Apt. #, etc.

2a. Mailing Address

*8230-D -*  
*AS ABOVE SEVEN DR*  
Suite, Apt. #, etc.

City & State

City & State

*Boca-Raton FLA.*

Zip

Country

Zip

Country

*33433*

*U.S.*

3. Date Organized or Qualified

3a. State of Formation

4. FEI Number

☐ Applied For

☒ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

*Barbara Pollock*  
*8230 D Seven Drive*  
*Boca Raton FLA*  
*33433*

Name

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

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Barbara Pollock*

REGISTERED AGENT MUST SIGN

Date

*Dec. 24th 98*

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

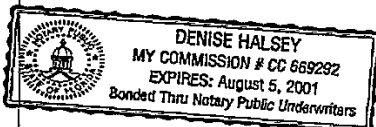
*MANAGER NORMAN BARNASH*

*8230-D Seven Dr.*  
*Boca-Raton FL.*  
*33433*

*Boca-Raton*  
*Florida*  
*33433*

200002735812--4  
-01/11/99--01007--001  
\*\*\*\*\*188.75 \*\*\*\*\*188.75

200002735812--4  
-01/11/99--01007--002  
\*\*\*\*\*8.75 \*\*\*\*\*8.75



*Denise Halsey*  
*Notarizing for Norman S. Barnash*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

*[Signature]*

Date

*Dec. 24/98*

Daytime Phone #

*561-883-1771*

Typed or printed name of signing Managing Member/Manager

*NORMAN BARNASH*

QUICK COUPLING AMERICA L.C.

8230 -D- SEVERN DRIVE, BOCA RATON , FLORIDA 33433

TO: FLORIDA DEPARTMENT OF STATE .

TALLAHASSEE FLORIDA 32314

DECEMBER 24th, 1998

ATTENTION :: NANETTE CAUSSEAU


DEAR MS. CAUSSEAU:

PURSUANT TO OUR PHONE CONVERSATION OF TODAY. PLEASE FIND ENCLOSED  
A MONEY ORDER FOR THE SUM OF \$188.75 , AS PER YOUR INSTRUCTIONS.

AS I PREVIOUSLY INFORMED YOU DURING OUR PHONE CONVERSATION,, WE DID  
NOT RECEIVE THE SAID NOTICE OF JUNE 26th 1998. WE HAD CLOSED OUR OFFICES  
AND MOVED DURING MAY OF 1998 AND HAD INFORMED THE POST OFFICE OF OUR  
NEW ADRESS , BUT SOMEHOW WE SEEM TO HAVE SLIPPED BETWEEN THE CRACKS.  
IN FACT, YOUR PRESENT LETTER OF OCTOBER 21st 1998, WAS ONLY RECIEVED AT  
OUR PRESENT ADDRESS AT THE BEGINNING OF DECEMBER.

I THANK YOU AGAIN FOR YOUR MOST KIND COOPERATION IN THIS MATTER, AND  
WISH YOU HAPPY HOLIDAYS.

SINCERELY,

  
NORMAN BARMASH  
MANAGER,,,DIRECTOR  
561-883-1771

Agent: Barbara Pollock

Signed before me this 24 day of Dec. 1998  
by Norman BARMASH + presented FOL B 652-637-35-3020.

