

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000004861

1. Entity Name
Q.P.P. INCORPORATED



Principal Place of Business
11750 CHERRY BARK DR E
JACKSONVILLE, FL 32218 US

Mailing Address
11750 CHERRY BARK DR E
JACKSONVILLE, FL 32218 US

FILED

09 JAN -7 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12302008 REIN-NP CR2E099 (1/07)

City & State

City & State

4. FEI Number
59-3661662

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TELFAIR, HENRIETTA T P
11750 CHERRY BARK DR E
JACKSONVILLE, FL 32218

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Henrietta J. Selfair

1/5/09

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME TELFAIR, HENRIETTA T P
STREET ADDRESS 11750 CHERRY BARK DR E
CITY-ST-ZIP JACKSONVILLE, FL 32218 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600139874786
CITY-ST-ZIP 01/07/09--01027--010 ***306.25

TITLE V
NAME GAFFNEY, DERRICK
STREET ADDRESS 2648 WILKINS CT
CITY-ST-ZIP JACKSONVILLE, FL 32209 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME THOMAS, SHIRLEY L SEC
STREET ADDRESS 5681 EDENFIELD ROAD, UNIT# 0609
CITY-ST-ZIP JACKSONVILLE, FL 32277 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Henrietta J. Selfair

1/5/09

904-859-8046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

08-09
[Signature]