

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000 4861

1. Corporation Name

Q.P.P.

2. Principal Office Address

11750 Cherry Bark Dr. E

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32218

Country

Duval

3. Mailing Office Address

11750 Cherry Bark Dr. E

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32218

Country

Duval

**REINSTATEMENT** 01-03

4. Date Incorporated or Qualified  
To Do Business in Florida

12/8/2000

5. FEI Number

593661662

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

Henrietta Telfair

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

11750 Cherry Bark Dr. E

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

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

Henrietta Telfair

Date

11/20/03

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
P	Henrietta Telfair	11750 Cherry Bark Dr. E	Jax., FL 32218
V	Derrick Gaffney	2648 Wilkins Ct.	Jax., FL 32209
S	Linda Parker	11750 Cherry Bark Dr. E	Jax., FL 32218

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:

Henrietta Telfair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03 (904) 859-8046  
Date Daytime Phone #

CR2E081 (10/02)