

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N94000006134**

1. Corporation Name

QUALITY ALTERNATIVES FOR COMMUNITY LIVING INC.

Principal Place of Business

Mailing Address

405 W. AMELIA AVE.
TAMPA FL 33602

405 W. AMELIA AVE.
TAMPA FL 33602

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1995

5. FEI Number

593295356

Applied For

Not Applicable

8.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BING, MELODY	405 W. AMELIA AVE.	TAMPA FL 33602
D	MCCRAY, GRANT	1400 9TH ST. SOUTH	ST. PETERSBURG FL 33701
D	BING, CHARLES S	808 TUCKER ST.	TALLAHASSEE FL 32310

500002017375--8
12/03/96 01022-021
***245.00 ***245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BING, MELODY
405 W. AMELIA AVE.
TAMPA FL 33602

Mailing Address
P.O. Box 310184
Tampa, FL 33680

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Melody Bing
REGISTERED AGENT MUST SIGN

Date

10/10/96

Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Melody Bing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/96

221-4220

Daytime Phone #