

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004616

1. Corporation Name

QUALITY CRAFTS, INC.

Principal Place of Business

31341 BLANTON ROAD  
DADE CITY FL 33523

Mailing Address

31341 BLANTON ROAD  
DADE CITY FL 33523

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/2000

5. FEI Number

65-0981853

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	City / State / Zip
P	TANNER, STEVE	31341 BLANTON RD.	DADE CITY FL 33523

200024567032  
11/10/03--01077--012 \*\*\*750.00

8. Name and Address of Current Registered Agent

TANNER, CAMILLE  
31341 BLANTON ROAD  
DADE CITY FL 33523

9. Name and Address of New Registered Agent

Name

JOSEPH NEWKON

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

12146 CURLEY ST.

Suite, Apt. #, Etc.

City

SAN ANTONIO

State

FL

Zip Code

33576

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-9-03

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  
STEVE TANNER

11-3-03

Date

352-588-4156

Daytime Phone #

CR2E040 (7/03)