

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015098

1. Corporation Name

Q-DOCK ATLANTIC, INC.

Principal Place of Business

10387 GANDY BLVD N #104
SAINT PETERSBURG FL 33702

Mailing Address

10387 GANDY BLVD N #104
SAINT PETERSBURG FL 33702

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.

742 2ND AVE S.

City & State
ST. PETERSBURG, FL.

Zip
33701

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

742 2ND AVE S.

City & State
ST. PETERSBURG, FL.

Zip
33701

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2000

5. FEI Number

59-3626278

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	CALDWELL, TERENCE	10387 GANDY BLVD N #104 175 27TH AVE N	SAINT PETERSBURG FL 33702- 33701
D	WITT, PAUL C	14610 BOYETTE ROAD	RIVERVIEW FL 33569

200008755812
11/01/02--01044--001 **150.00

8. Name and Address of Current Registered Agent

CALDWELL, TERENCE
10387 GANDY BLVD N #104
SAINT PETERSBURG FL 33702

9. Name and Address of New Registered Agent

Name

TERENCE CALDWELL

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

175-27TH AVE N

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33701

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

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

10/28/02

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 REQUIRED~~ CALDWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02
Date

727 828-7337
Daytime Phone #

CR2ED40 (8/02)

10/29/2002

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE
FL 32314-6327



742 2nd Ave. S.
St. Petersburg, FL 33701

Tel: 727-828-7337
Fax: 727-828-7338

RE: REINSTATEMENT

Dear Sir/Madam,

Please be advised that we did not receive the annual UBR for timely filing, probably due to the fact that we moved our corporate premises, resulting in typical mailing problems.

We do, however, wish to reinstate our Corporation and have enclosed a check for \$150 for the appropriate filing fee.

Yours truly,
For Q-DOCK ATLANTIC INC

A handwritten signature in dark ink, appearing to read "T. Caldwell", is written over a horizontal line.

T. Caldwell
President.