

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 NOV -3 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC00000018784

1. Corporation Name

Quota Contract Cleaning, Inc

REINSTATEMENT

03-05

CR2E081 (8/05)

2. Principal Office Address

7241 Bryan Dairy Road

Suite, Apt. #, etc.

3. Mailing Office Address

7241 Bryan Dairy Road

Suite, Apt. #, etc.

City & State

Largo FL 33777

City & State

Largo FL 33777

Zip

33777

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/2000

5. FEI Number

59-3644815

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

Brian K Whitaker

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

7241 Bryan Dairy Road

Suite, Apt. #, Etc.

City

Largo FL 33777

State

FL

Zip Code

33777

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

Brian K. Whitaker

Date 11-1-05

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
ceo	Brian K Whitaker	7241 Bryan Dairy Road	Largo FL 33777

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11/03/05--01042--004 **1050.00

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:

Brian K Whitaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-05

Date

727-549-8800

Daytime Phone #

11/2/05