


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000019221

1. Corporation Name

RICK HENRY'S QUALITY BUILDING, INC.

Principal Place of Business  
6501 - 64TH AVE. NORTH  
PINELLAS PARK FL 33781

Mailing Address  
6501 - 64TH AVE. NORTH  
PINELLAS PARK FL 33781

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	
02/21/2000	
5. FEI Number	Applied For
59-363-4338	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	HENRY, RICHARD W	6501 - 64TH AVE. NORTH	PINELLAS PARK FL 33781
V P	KLOMPF, LAWRENCE JR.	8950-59TH WAY N.	PINELLAS PARK, FLA. 33782
	<del>RICHARD P. HENRY</del>		
S	HENRY, RICHARD P.	6501-64 AV. N.	PINELLAS PARK, FLA. 33781
REINSTATEMENT 01 10			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENRY, RICHARD W  
6501 - 64TH AVE. NORTH  
PINELLAS PARK FL 33781

Name	
Street Address (P.O. Box Number is Not Acceptable)	
200004669652--0	
Suite, Apt. #, Etc.	-11/06/01--01082--017
****750.00 ****750.00	
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

*Richard W. Henry*  
REGISTERED AGENT MUST SIGN

Date 10-18-01

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:

*Richard W. Henry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-01

Date

541-9828

Daytime Phone #

CR2E040 (8/01)