

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 18 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000024757

1. Corporation Name

PARK FIRE, INC.

Principal Place of Business

3330 SIMMS ST.
HOLLYWOOD FL 33021

Mailing Address

3330 SIMMS ST.
HOLLYWOOD FL 33021

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

2. New Principal Office Address, If Applicable

2854 Stirling Road

Suite, Apt. #, etc.

Suite J

City & State
Hollywood FL

Zip
33020

Country
USA

3. New Mailing Office Address, If Applicable

2854 Stirling Road

Suite, Apt. #, etc.

Suite J

City & State
Hollywood FL

Zip
33020

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/2000

5. FEI Number

65-1025959

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 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
PTD	PARK, SCOTT	3330 SIMMS ST. 320 N. 66 th Terrace	HOLLYWOOD FL 33021 33024
VSD	PARK, KAREN	3330 SIMMS ST. 320 N. 66 th Terrace	HOLLYWOOD FL 33021 33024

8. Name and Address of Current Registered Agent

PARK, KAREN
3330 SIMMS ST.
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

320 N 66th Terrace

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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

Loren A. Park

REGISTERED AGENT MUST SIGN

Date

2/1/02

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 of Scott Park

Scott Park - President

2/1/02

954-921-6590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)



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Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314-6327

Re: FEI #65-1025959

To Whom It May Concern,

Please be advised that we never received in our office any notices concerning the 2001 Annual Report / Uniform Business Report. The first correspondence we received concerning this report was the "Notice of Administrative Dissolution or Revocation". I spoke with a representative from this office, and was informed to mail the application for reinstatement and a payment of \$300.00, which is enclosed.

I am requesting that any penalties or late fees be waived in reference to this matter. Please be assured that I am willing to comply with whatever steps are necessary to reinstate Park Fire, Inc.

Thank you for your time and attention in this matter.

Sincerely,

Scott G. Park
President

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

1 of 3

02 FEB 18 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P000000082630

1. Corporation Name

QSC TILE & MARBLE, INC.
2189 "C" SUNSHINE BLVD.
NAPLES, FL 34116

2. Principal Office Address

2189 "C" SUNSHINE BLVD. P.O. BOX 8503

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 8503

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34116

Country

USA

Zip

34101

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/28/00

5. FEI Number

59-3678650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

DONALD R. WOODRING

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

2189 "C" SUNSHINE BLVD.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

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

Donald Woodring

REGISTERED AGENT MUST SIGN

Date

02/15/02

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
P/S	DONALD R. WOODRING	2189 "C" SUNSHINE BLVD.	NAPLES, FL 34101

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:

Donald Woodring

DONALD R.

WOODRING

02/15/02

Date

941-353-7830

Daytime Phone #

CR2E081 (9/01)

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Miller and Associates, Inc.
Tax, Estate and Financial Planning Consultants

5125 Castello Drive
Naples, Florida 34103
E-mail: *MillAssoc2@aol.com*

Toll Free 1-877-814-3672
941 / 434-8800
Fax 941 / 434-7738

February 15, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: QSC Tile and Marble, Inc.
FL Doc. #: P00000082630
EIN #: 59-3678650

Dear Sir/Madam:

We are writing on behalf of, and at the request of our client, QSC Tile and Marble and its President, Donald R. Woodring. Mr. Woodring had incorporated in August of 2000 using a local Attorney, Louis Erickson, to incorporate his business.

Mr. Woodring assumed Mr. Erickson would let him know anything he needed to know about filing for his corporation. We began doing the tax preparation for Mr. Woodring and his corporation last summer.

Mr. Erickson, the Registered Agent, never forwarded the corporate UBR to Mr. Woodring, nor indicated to him what needed to be done. Mr. Woodring, trusting that Mr. Erickson would handle his end of the Registered Agent duties, did not realize that he needed to do anything.

When we began preparation of Mr. Woodring's corporate return this year (for Tax Year 2001), we checked the online records to confirm his corporate status (a standard procedure at our firm), and found that Mr. Woodring's corporation had been

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administratively dissolved for failure to file his 2001 UBR. Mr. Woodring was understandably upset because he assumed Mr. Erickson had been fulfilling his obligations as a Registered Agent.

It is for this reason that we respectfully request, at the advisement of your office, that the reinstatement fee be waived, since Mr. Woodring never received his notice for last year. We believe it was mailed to Mr. Erickson and was never forwarded to Mr. Woodring. As advised by your office, we are enclosing a Reinstatement Application, and a completed UBR for both 2001 and 2002, along with a check for annual fees for 2001 and 2002.

We hope this letter explains our request, and we appreciate your consideration in this matter.

Sincerely,



Kim Aton, Associate
Miller and Associates, Inc.

P. S. Please not the P. O. Box listed on his UBR for all correspondence. Mr. Woodring has experienced mail theft at his physical address and prefers not to chance not receiving his UBR in the future.