

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 OCT 22 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000053374**

1. Corporation Name

QUALITY PAYPHONE SERVICES, INC.

Principal Place of Business

**183 EAST 45TH STREET
HIALEAH FL 33013**

Mailing Address

**183 EAST 45TH STREET
HIALEAH FL 33013**



REINSTATEMENT 03

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

06/02/2000

5. FEI Number

65-1014054

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
PSTD	NUNEZ, DULCE	183 E 45TH STREET	HIALEAH FL 33013

800024023628
10/22/03--01084--024 **150.00

10/28

8. Name and Address of Current Registered Agent

**NUNEZ, DULCE
183 E 45TH STREET
HIALEAH FL 33013**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Dulce Nunez
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/20/03

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:

Dulce Nunez
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03

Date

305 8223026

Daytime Phone #

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

October 20, 2003

Ref: Annual Report

To whom it may concern;

I am in receipt of notice of administrative dissolution or revocation. Please be informed I did not receive any notice prior to this notice for Annual registration. Please waive my penalty fee. I have enclosed a check for \$150.00 as instructed by phone on October 20, 2003 by examiner.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dulce Nunez', with a stylized flourish at the end.

Dulce Nunez