

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000058510

1. Corporation Name

QUALITY EAST PAINT & BODY, INC.

Principal Place of Business

1881 APALACHEE PKWY  
TALLAHASSEE FL 32301

Mailing Address

1881 APALACHEE PKWY  
TALLAHASSEE FL 32301

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

2. New Principal Office Address, If Applicable

1881  
Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

882 Blountstown Hwy -  
Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/2000

5. FEI Number

59-3653014

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	FREEMAN, ARTHUR S	882 BLOUNTSTOWN HWY	TALLAHASSEE FL 32304

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGLAMORY, JANE  
1881 APALACHEE PKWY  
TALLAHASSEE FL 32301

Name  
Jane Gandy  
Street Address (P.O. Box Number is Not Acceptable)  
882 Blountstown Hwy -  
Suite, Apt. #, Etc.  
City  
Tallahassee  
State  
FL  
Zip Code  
32304

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

Jane M. Glamory - Gandy  
REGISTERED AGENT MUST SIGN

Date

10/30/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/01

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 17 PM 1:29



04/24/01 90247 030 \$150.00  
08/29/01 90001 044 \$550.00

REINSTATEMENT 01

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-12/31/01--01071--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

\$12/27

CR2E040 (8/01)