

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 26 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000073565

1. Corporation Name

Q-Management of Belleview, Inc.

REINSTATEMENT 02-03

600013990096
03/12/03--01042--010 **750.00

2. Principal Office Address

5239 SE Abshier Blvd.

Suite, Apt. #, etc.

5

City & State

Belleview, FL

Zip

34420

Country

USA

3. Mailing Office Address

2605 SW 33rd Street

Suite, Apt. #, etc.

Building 200

City & State

Ocala, FL

Zip

34474

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

59-3682796

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

Kirkpatrick, S. Kaye

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

2020 SW 43rd Place

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

Date 3/12/03

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
Pres	S. Kaye Kirkpatrick	2020 SW 43rd Place	Ocala, FL 34474
VP	Wesley Dixon	P O Box 133	McIntosh, FL 32664
Treas	Kenneth B. Kirkpatrick	307 SE 21st Terrace	Ocala, FL 34471
Dir	John W. Kirkpatrick III	5203 NW 49th Lane	Gainesville, FL 32653

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03 3526202514

Date

Daytime Phone #

CR20081 (10/02)

3/31