

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR
REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000083950

1. Corporation Name

RAIL'S Q OF L, INC.

Principal Place of Business

4001 SOUTH OCEAN BOULEVARD, #316
SOUTH PALM BEACH FL 33480

Mailing Address

4001 SOUTH OCEAN BOULEVARD, #316
SOUTH PALM BEACH FL 33480



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1036886

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	STAHL, RAILI	4001 SOUTH OCEAN BOULEVARD, #316	SOUTH PALM BEACH FL 33480

7000009417927
12/08/02 01053-010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHOLIN, CHRISTIAN N
505 SOUTH FLAGLER DRIVE
SUITE 400
WEST PALM BEACH FL 33401

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/05/02

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 REQUIRED
STAHL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/02/02 +16858249940

CR2E040 (8/02)

RAILI'S Q OF L, INC.
4001 S. OCEAN BLVD., # 316
SO. PALM BEACH, FL. 33480

12/2/2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL. 32314

RE; DOCUMENT # P00000083950

DEAR SIR / MADAME;

I HAVE BEEN IN EUROPE SINCE THE SPRING THIS YEAR AND DID NOT RECEIVE
THE CORPORATION ANNUAL REPORT. I CAME BACK TO STATES AND RECEIVED THE
APPLICATION FOR REINSTATEMENT.

PLEASE ALLOW ME TO REINSTATE WITH THE REGULAR FEE, \$ 150.00.

I HAVE ENCLOSED A CHECK FOR \$ 150.00 AND SIGNED APPLICATION.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT ME.

SINCERELY,


RAILI STAHL