

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 17 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000106489

1. Corporation Name

QUASI INTERNATIONAL INC.

Principal Place of Business

Mailing Address

2118 9TH ST. W.  
BRADENTON FL 34205

2118 9TH ST. W.  
BRADENTON FL 34205

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

11/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1066310

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
P	POWER, DONALD L	1030 MILL CREEK ROAD	BRADENTON FL 34202
VP	COLAIZZI, CHARLES	1221 MANATEE AVE E	BRADENTON FL 34205

200023909932

10/17/03--01071--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POWER, DONALD L  
1030 MILL CREEK ROAD  
BRADENTON FL 34202

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]*  
REGISTERED AGENT MUST SIGN

Date 10-16-03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

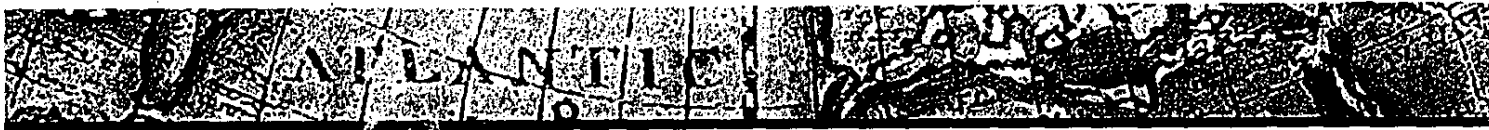
10-16-03

Date

941-920-9200

Daytime Phone #

CR2E040 (7/03)



## FLORIDA AUTO AND TRUCK EXCHANGE

Office: 941-746-5493  
800-749-5493

2118 9<sup>TH</sup> Street West  
Bradenton, FL 34205

Fax 941-746-3801  
Email: fateauto@gte.net

October 16, 2003

Attn: Florida Department of State

This letter is to document that we never received our renewal applications for our corporations. Enclosed is the fee for the renewal of each corporation along with each application.

Sincerely,

Don Power  
President

WHOLESALE

EXPORT

RETAIL

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