

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 OCT 29 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107502

1. Corporation Name

QUALITY SANDING, INC.

Principal Place of Business

3560 HAVENWOOD RD
MIDDLEBURG FL 32068

Mailing Address

3560 HAVENWOOD RD
MIDDLEBURG FL 32068

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

11/15/2000

5. FEI Number

59-3560164

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
V	TRUEMAN, CRAIG	4760 GREAT WESTERN LN S	JACKSONVILLE FL 32257
P/V/S	CASTRO, EDWARD	3560 HAVENWOOD RD	MIDDLEBURG FL 32068

6000008667506

10/29/02--01042--016 **158.75

DRMS

8. Name and Address of Current Registered Agent

TRUEMAN, CRAIG
4760 GREAT WESTERN LN SOUTH
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

Edward Castro

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

3560 Havenwood Rd.

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

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

Edward Castro

REGISTERED AGENT MUST SIGN

Date

10/29/02

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 (904)838

CR20040 (8/02)

October 28, 2002

To: Florida Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

From: Edward Castro
Quality Sanding Inc.
3650 Havenwood Rd.
Middleburg, Fl 32068

I Edward Casrto, President of Quality Sanding Inc. , have received in the mail a Notice of Administrative Dissolution. Prior to May of this year, all company logistics were handled by Craig Truman, Vice President of Quality Sanding Inc. He has since left the company leaving me to handle all business interests. I prior to this notice for the uniform report, have not received any documents concerning this matter. My company does need to remain in the "active" status. Please accept this check attached.

Thanks,
Edward Castro



Quality Sanding Inc.