

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010911

1. Corporation Name

CQ PROPERTIES, INC.

Principal Place of Business

1972 SWALLOW RUN W  
ORANGE PARK FL 32073

Mailing Address

P.O. BOX 1508  
ORANGE PARK FL 32067-1508

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.

N/A

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

N/A

4. Date Incorporated or Qualified  
To Do Business in Florida

01/30/2001

5. FEI Number

59-3694662

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
D	CAMERON, CHRISTINE G	1972 SWALLOW RUN W	ORANGE PARK FL 32073

000009023530  
11/15/02--01060--006 \*\*150.00

8. Name and Address of Current Registered Agent

WILLIAMS, GRADY H LLM  
1279 KINGSLEY AVE, STE 117  
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR20040 (8/02)

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

CHRISTINE G. CAMERON

REGISTERED AGENT MUST SIGN

Date 11-01-02

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:

CHRISTINE G. CAMERON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/02

Date

Daytime Phone #

304-269-5855  
904-699-8409

**CQ PROPERTIES, INC.**

**P.O. Box 1508  
Orange Park, FL 32067**

**1-904-269-5855**

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Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

RE: Document # PO1000010911  
CQ Properties, Inc.  
*FBI # 59-3894662*

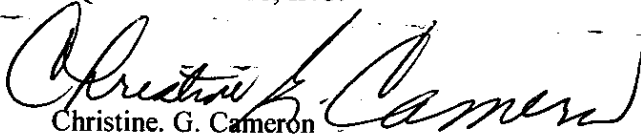
To Whom It May Concern:

Enclosed is the completed and signed Application for Reinstatement. Please accept my attached check in the amount of \$150.00 and reinstate referenced corporation.

Upon receipt of this from, I called the office in Tallahassee and advised that I had not received any prior notification or forms regarding the filing of a 2002 corporation annual report/uniform business report. The lady I spoke with told me to complete the enclosed form along with this letter and remit \$150.00. Please waive the \$600.00 due to no prior notification.

Thank you.

CQ PROPERTIES, INC.

  
Christine G. Cameron  
President