

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 -4 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013410

1. Corporation Name

QUATRA GRAFIX, CORP.

Principal Place of Business

2343 WILSHIRE DR
PALM HARBOR FL 34683

Mailing Address

2343 WILSHIRE DR
PALM HARBOR FL 34683

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunedin

City & State

Dunedin

Zip

34698

Country

Zip

34698

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2001

5. FEI Number

59-3700507

☒ 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	JENSEN, DUANE A	2343 WILSHIRE DR	PALM HARBOR FL 34683 Dunedin, FL 34698
D	JENSEN, MARY T	2343 WILSHIRE DR	PALM HARBOR FL 34683 Dunedin, FL 34698

300008783293
11/04/02--01064--005 **158.00

8. Name and Address of Current Registered Agent

JENSEN, DUANE A
2343 WILSHIRE DR
PALM HARBOR FL 34683

Dunedin, FL 34698

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

CR2E040 (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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/02

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 #

10/22/02

October 28, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Employer Identification number 59-3700507

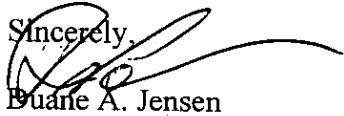
On October 24, 2002, our small business, Quatra Grafix Corp received Notice of Administrative Dissolution or Revocation. The arrival of this document was a considerable surprise. After careful review of the information we discovered our business address did not include the current mailing information. Please accept our apologies for this error.

It is a great relief that we received this correspondence at all. As of July 1, 2002 the postal service would no longer forward mail using the former Palm Harbor address and zip code. The enclosed document has been revised accordingly.

It is our understanding that if it is likely that we had not received the two reminder notices our fees would be \$150.00. Enclosed please find a check in that amount.

Please advise us as to how to restore Quatra Grafix Corp to its former status. Your guidance would be greatly appreciated.

Sincerely,


Duane A. Jensen
President
Quatra Grafix Corp.