

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 NOV -5 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000019603**

1. Corporation Name

**QUALMAX INC.**

Principal Place of Business

40 EAST BROADWAY STE 210  
EUGENE OR 97401

Mailing Address

40 EAST BROADWAY STE 210  
EUGENE OR 97401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**40 East Broadway**

Suite, Apt. #, etc.

**Suite 210**

City & State

**Eugene OR**

Zip

**97405**

Country

**USA**

3. New Mailing Office Address, If Applicable

**40 East Broadway**

Suite, Apt. #, etc.

**Suite 210**

City & State

**Eugene OR**

Zip

**97405**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/22/2001**

5. FEI Number

**22-3786523**

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
P	KAMRAT, MORRIS DAVID	1800 NE 114TH ST., #905	MIAMI FL 33181
S	HABECKER, TRACY M	1960 WEST 25TH AVE.	EUGENE OR 97405

8. Name and Address of Current Registered Agent

KAMRAT, MORRIS DAVID  
1800 NE 114TH ST., #905  
MIAMI FL 33181

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

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

**10/14/03**

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

**Tracy M. Habecker**  
Date **11/03/03**

**541-683-2892**  
Daytime Phone #

CR20040 (7/03)



Technology-based business solutions.

(541) 683-2892

Fax: (541) 683-4009

Toll Free: (800) 727-9823

40 E. Broadway • Ste. 210 • Eugene, OR 97401

[www.qualmax.net](http://www.qualmax.net)

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

10/14/03

Dear Sir or Madam,

I am sending this Application for Reinstatement in lieu of the Annual Report/Uniform Business Report that was not filed because the proper forms were never received. Included with this Application is a payment of \$150.00 (the fee to file the report without penalty) plus an additional \$8.75 for a Certificate of Status.

We have received nothing from the State of Florida concerning our Uniform Business Report prior to the dissolution of Qualmax, Inc., although the State of Florida had our correct business address on file since 4/25/03 (see attached documents).

Sincerely,

Tracy M. Habecker  
541-683-2892 X 107 tel  
[Tracy@Qualmax.net](mailto:Tracy@Qualmax.net)