

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 OCT 24 PM 2:09

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000021513**

1. Corporation Name

**Q-1, INC.**

Principal Place of Business

132-B DU RHU DRIVE  
 MOBILE AL 36608

Mailing Address

132-B DU RHU DRIVE  
 MOBILE AL 36608

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

2. New Principal Office Address, If Applicable

~~6307 N. 9TH AVE~~

Suite, Apt. #, etc.

~~Suite 4~~

City & State

~~PENSACOLA, FL~~

Zip

~~32504~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~6307 N. 9TH AVE~~

Suite, Apt. #, etc.

~~Suite 4~~

City & State

~~PENSACOLA, FL~~

Zip

~~32504~~

Country

~~USA~~

4. Date Incorporated or Qualified To Do Business in Florida

02/28/2001

5. FEI Number

63-1270207

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	<del>JOHNSON, DAVID B</del> JOHNSTON	132-B DU RHU DRIVE	MOBILE AL 36608

800008569658  
 10/24/02--01071--016 \*\*750.00

8. Name and Address of Current Registered Agent

SHELL, STEPHEN B  
 SHELL, FLEMING, DAVIS & MENGE  
 226 PALAFOX PLACE, NINTH FLOOR  
 PENSACOLA FL 32501

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.

DAVID B. JOHNSTON

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

251-680-5344 (C)  
 10/22/02 251-342-8761 (H)