

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 OCT 15 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000066807

1. Corporation Name

QUICK STOP INC OF WINTER HAVEN

Principal Place of Business

Mailing Address

3562 CYPRESS GD RD
WINTER HAVEN FL 33884

3562 CYPRESS GD RD
WINTER HAVEN FL 33884

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

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2001

5. FEI Number

59-3727641

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 |
|---------------|---|--|-------------------------|
| PD | PARMINDER, SAMOTA SAHOTA | 3562 CYPRESS GARDEN RD | WINTER HAVEN FL 33884 |
| VPD | SUDHEER, GHAY | 3562 CYPRESS GARDEN RD | WINTER HAVEN FL 33884 |
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100023806801
10/15/03--01025--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARMINDER, SAMOTA
3562 CYPRESS GARDEN RD
WINTER HAVEN FL 33884

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

Parinder Sahota
REGISTERED AGENT MUST SIGN

Date 10-09-03

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:

Parinder Sahota (PARMINDER SAHOTA)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

10-09-03

863-324-3723

Daytime Phone #

CR2E040 (7/03)

QUICK STOP INC.
3562 CYPRESS GARDEN RD.
WINTER HAVEN.
FL. 33884.

To:- FLORIDA Dept. of State,

I, Parminder Sahota received a notice from the Division of Corporation stating that my Corporation has being administratively dissolved or revoked effective Sept 19, 2003. But I am writting this letter to bring to your notice that this is the first time I received any information regarding my corporation.

I would appreciate if you can waive the reinstatement fee.

Thanking you,
Parminder Sahota
Parminder Sahota
President.
QUICK STOP INC. OF WINTER HAVEN