

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 23 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000074955**

**1. Corporation Name**

Q-MAN ENTERPRISES, INC.

**REINSTATEMENT** *23-04*

**200030934222**  
03/23/04--01068--019 \*\*308.75

**2. Principal Office Address**

11322 LOUISA MAY WAY

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

Zip

33569

Country

**3. Mailing Office Address**

11322 LOUISA MAY WAY

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

Zip

33569

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida** 07/27/2001

**5. FEI Number**  
59-3735489

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

MICHAEL T. QUIRK

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

11322 LOUISA MAY WAY

Suite, Apt. #, Etc.

City

RIVERVIEW

State  
**FL**

Zip Code  
33569

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Michael T. Quirk*

REGISTERED AGENT MUST SIGN

Date 3/18/04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MICHAEL T. QUIRK	11322 LOUISA MAY WAY	RIVERVIEW, FL 33569

**10. 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:**

*Michael T. Quirk* MICHAEL T. QUIRK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 813-677-8775

Date

Daytime Phone #

B 2 M

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Q-MAN ENTERPRISES INC  
11322 LOUISA MAY WAY  
RIVERVIEW, FL 33569  
813-671-9297

March 15, 2004

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

Enclosed is a completed Corporation Reinstatement form and \$308.75 for the filing fee for the 2003 & 2004 Uniform Business Reports and a certificate of status. We are requesting abatement of the \$600 reinstatement fee.

I did not receive the 2003 Uniform Business Report annual filing notice or any subsequent notices you may have sent. The address of the corporation has changed, but your mailings evidently did not get forwarded. It was not until my accountant recently questioned me on the matter that I was aware that it should have been done and that my corporation had been dissolved. I am generally conscientious about these matters and did not willfully neglect to file the report and pay the fee.

I would truly be grateful if you would abate the reinstatement fee and return the corporation to active status.

Sincerely,

Michael T. Quirk  
President