

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000032157

1. Entity Name
QUICK RESULTS REAL ESTATE, INC.



FILED

07 DEC -7 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
274 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Mailing Address
274 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

2. Principal Place of Business - No P.O. Box #
1758 SW 8TH DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1758 SW 8TH DRIVE
Suite, Apt. #, etc.

City & State
POMPADO BEACH, FL
Zip 33060 Country US

City & State
POMPADO BEACH, FL
Zip 33060 Country US



4. FEI Number
30-0074638

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANLEY, STEVEN
274 S MILITARY TRAIL
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name

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

1758 SW 8TH DRIVE

City

POMPADO BEACH

FL

Zip Code

33060

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/3/07

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE C
NAME STANLEY, STEVEN
STREET ADDRESS 274 S MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH, FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1758 SW 8TH DRIVE
CITY-ST-ZIP POMPADO BEACH, FL 33060 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

Stanley STANLEY

12/3/07

Date

Daytime Phone #