

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000049822

1. Corporation Name

QUIMBEES ENTERPRISES, INC.

Principal Place of Business

221 HIGH POINT DRIVE
VENICE FL 34292

Mailing Address

221 HIGH POINT DRIVE
VENICE FL 34292

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida-

05/01/2002

5. FEI Number

81-0553536

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
D	QUIMBY, SHARON	221 HIGH POINT DRIVE	VENICE FL 34292

8. Name and Address of Current Registered Agent

QUIMBY, SHARON
221 HIGH POINT DRIVE
VENICE FL 34292

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

Sharon Quimby
REGISTERED AGENT MUST SIGN

Date

100.6.2003

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:

Sharon Quimby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

100.6.2003

Daytime Phone #

941.488.8073

CR2E040 (7/03)

Quimbees
Quimbees Enterprises, Inc.

November 6, 2003

Florida Department: Application for Reinstatement

This is my application for reinstatement.

I Did NOT receive ANY prior
uniform Business Support (s) (UBR)
Notices. This is my correct mailing
address. Sharon A. Quimby Co. or

Quimbees Enterprises, Inc.

221 High Point Drive

Venice, Florida. 34292

I have lived at this address since 1991.

There are other people who pick-up
and have their mail delivered to this
address. I have checked w/ each and
they said they never saw anything before.
that nothing was delivered. Marcus H. Quimby,
Erin Placzek, Laura Nottingham (son)
married daughter (son's friend)
Lyle Nottingham
Laura's son.

I have enclosed a check for my
reinstatement with out penalty for \$50.00
Sarasota Coastal Credit Union

Quumbus Enterprises, Inc (2) pg.

Enclosed is Check # 3798
This is for Penstatement of my
Corporation with Out penalty, As I
did Not receive The prior
2 uniform business Report (UBR)
Notices.

The Amount of the Ch is for
158.75

As I have also paid \$75 additional
for a Certificate of Status.

I am the appointed
registered agent for Quumbus,
Enterprises, Inc. and am familiar
w/and accept the obligations of this code.

As registered Agent Sincerely,

Sharon Ann Quumbus
221 High Point Drive
Venice, Florida
34292