

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 NOV 10 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000101894**

1. Corporation Name

QUICK RESPONSE PRODUCTS, INC.

Principal Place of Business

~~1109 Sheffield Ct.~~
~~PALM HARBOR FL 34685~~
Altamonte Springs
FL 32714

Mailing Address

~~4844 JEWELL TERRACE~~
~~PALM HARBOR FL 34685~~
Altamonte Springs
FL 32714



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

1109 Sheffield Ct.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1109 Sheffield Ct.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2002

5. FEI Number

55-0798119

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	Robert Lynch	1109 Sheffield Ct	Altamonte Springs 32714
STD	Bob Lynch	1109 Sheffield Ct.	Altamonte Sprgs 32714

700024573837
11/10/03--01114--008 **750.00

8. Name and Address of Current Registered Agent

JACKE, DOUGLAS A
4844 JEWELL TERRACE
PALM HARBOR FL 34685

9. Name and Address of New Registered Agent

Name **Robert Lynch**
Street Address (P.O. Box Number is Not Acceptable)
1109 Sheffield Ct
Suite, Apt. #, Etc.
City **Altamonte Springs** State **FL** Zip Code **32714**

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 of Robert Lynch]
REGISTERED AGENT MUST SIGN

Date

10/23/03

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:

[Signature of Robert Lynch]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

Daytime Phone #

407 312 3073

CR2E040 (7/03)