

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 24 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03 000064794

1. Corporation Name

quality control services of  
northwest Florida

2. Principal Office Address

332 Forest Hills Dr  
Suite, Apt. #, etc.

N/A

City & State

3. Mailing Office Address

332 Forest Hills Dr  
Suite, Apt. #, etc.

N/A

City & State

Cantonment, Florida Cantonment, Florida

Zip Country

Zip Country

32533 Escambia

32533 Escambia

REINSTATEMENT 04

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/03

5. FEI Number

57-1192266

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Harold L. Lee Jr

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

332 Forest Hills Drive

Suite, Apt. #, Etc.

N/A

City

Cantonment

State

FL

Zip Code

32533

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

Harold Leonard Lee Jr

REGISTERED AGENT MUST SIGN

Date NOV-02-2004

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
P	Harold L. Lee Jr	332 Forest Hills Dr	Cantonment, FL 32533

200042571742  
11/08/04--01067--001 \*\*159.75

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

Harold Leonard Lee Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2304

Date

Daytime Phone #

CR2E081 (10/02)

pg 20<sup>th</sup>

Nov 2, 2004

To whom it may concern;

I Harold L Lee Jr did not receive any Renewal Application to update my Incorporation of Quality Control Services of Northwest Florida.

I am sorry and hope that all would consider updating my Incorporation for 2005.

Sincerely,

Harold L Lee Jr

Harold L. Lee Jr.