

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 11 PM 12:39

DOCUMENT # P0300011201

**1. Corporation Name**

C.Q. Insulation, Inc.

**2. Principal Office Address**  
8806 Venture Cove

Suite, Apt. #, etc.

City & State

Temple Terrace, FL

Zip

33637

Country

Hillsborough

**3. Mailing Office Address**  
8806 Venture Cove

Suite, Apt. #, etc.

City & State

Temple Terrace, FL

Zip

33637

Country

Hillsborough

**4. Date Incorporated or Qualified  
To Do Business in Florida** 10/08/2003

**5. FEI Number**  
20-0289994

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

3/12/04 90018 033 \$180.00

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

Name  
Hunter J. Brownlee

Street Address (P.O. Box Number is Not Acceptable)  
501 E. Kennedy Blvd., Suite 1700

Suite, Apt. #, Etc.

City  
Tampa

State  
FL

Zip Code  
33602

**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

REGISTERED AGENT MUST SIGN

Date

**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
PD	John L Ervin	8806 Venture Cove	Temple Terrace, FL 33637
D	George Winn	8806 Venture Cove	Temple Terrace, FL 33637
VPD	Sean C. Farrell	8806 Venture Cove	Temple Terrace, FL 33637
ST	Katherine Ervin	8806 Venture Cove	Temple Terrace, FL 33637

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L Ervin

Date

10/7/04

Daytime Phone #

(813) 690-5945

CR2081 (01/04)

102

October 6, 2004

Department of State

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: C.Q. Insulation, Inc.

Dear Sir/Madam:

Enclosed please find an Application for Reinstatement with respect to the above-referenced corporation.

We timely submitted an annual report earlier this year, along with our payment of \$150 for the annual report fee. The annual report was apparently rejected due to an incorrect employer identification number, but the fee was retained and our check cashed. We never received a notice that there was a problem and only recently discovered that the corporation had been administratively dissolved. I therefore respectfully request that the penalties and fees associated with the reinstatement be waived and the \$150 be accepted as full payment.

In addition, please correct the spelling of the street name of the corporation, which should be "Venture".

I appreciate your assistance with this matter. If you have any questions regarding any of the foregoing, please do not hesitate to call me.

Sincerely,



John L. Ervin, President

JLE/HJB/sdc  
Enclosures