

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000041116

1. Entity Name
QUAIL GREEN SERVICES INC.



FILED

07 JUL -6 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2154 ARBOUR WALK CIRCLE
2521
NAPLES, FL 34109**

Mailing Address
**2154 ARBOUR WALK CIRCLE
2521
NAPLES, FL 34109**

2. Principal Place of Business - No P.O. Box #
4110 SECOND AVE. SE

3. Mailing Address
4110 SECOND AVE. SE.

Suite, Apt. #, etc.
NAPLES FL

Suite, Apt. #, etc.
NAPLES

City & State
NAPLES FL

City & State
NAPLES

Zip
34117

Country
US

Zip
34117

Country
US



06262007 REIN-P CR2E098 (1/07)

4. FEI Number
20-2587819

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GREEN, GERALD E
2154 ARBOUR WALK CIRCLE
2521
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name
GERALD E GREEN

Street Address (P.O. Box Number is Not Acceptable)
4110 SECOND AVE. SE

City
NAPLES

FL

Zip Code
34117

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 *Gerald E. Green* *GERALD E. GREEN* **6-29-07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete GERALD E GREEN	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4110 SECOND AVE SE	
NAME GERALD E GREEN		NAME NAPLES, FL 34117	
STREET ADDRESS 2154 ARBOUR WALK CIRCLE #2521		STREET ADDRESS 4110 SECOND AVE SE	
CITY-ST-ZIP NAPLES, FL 34109		CITY-ST-ZIP NAPLES, FL 34117	
TITLE VP	<input type="checkbox"/> Delete MILDERD M. QUAIL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700105652277	
NAME MILDERD M. QUAIL		NAME 07/06/07--01080--002 **300.00	
STREET ADDRESS 2154 ARBOUR WALK CIRCLE #2521		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34109		CITY-ST-ZIP	
TITLE REINSTATEMENT	<input type="checkbox"/> Delete 06-07	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: *Mildred M. Quail* **mildred m. Quail** **6-29-07** **239-348-3386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #