

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000130880	
1. Entity Name QUICKMEND, INC.	



FILED  
07 MAR 30 AM 8:36

CLERK OF COURT  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



Principal Place of Business 4521 PGA BLVD PMB 199 PALM BEACH GARDENS, FL	Mailing Address 4521 PGA BLVD PMB 199 PALM BEACH GARDENS, FL
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2. Principal Place of Business - No P.O. Box # <u>17380 ALT. A1A</u>	3. Mailing Address
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Suite, Apt. #, etc. <u>SUITE 305 B</u>	Suite, Apt. #, etc.
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City & State <u>JUPITER, FLORIDA</u>	City & State
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Zip <u>33477</u>	Country <u>PALM BEACH</u>	Zip	Country
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03202007 REIN-P CR2E098 (1/07)

4. FEI Number <u>20-352 8746</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BATTAGLIA, THOMAS 731 CHARLESTOWN CIRCLE NORTH PALM BEACH, FL 33410	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <u>Thomas Battaglia</u> DIRECTOR	DATE <u>03/29/07</u>
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Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTAGLIA, THOMAS 4521 PGA BLVD, PMB 199 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>800096445608</u> <u>04/11/07--01020--017 **308.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Thomas Battaglia</u>	DATE <u>03/29/07</u> (561) 401 6980
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #