

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -5 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000082598

1. Corporation Name

Quality Woodworking, Inc

2. Principal Office Address - No P.O. Box #

1624 Whitewood Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1624 Whitewood Dr.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33756

Country

USA

Zip

33756

Country

USA

800172552198

03/18/10--01039--019 **300.00

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4. Date Incorporated or Qualified
To Do Business in Florida

June 6, 2006

5. FEI Number
65-1284331

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David E. Gardner

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

1624 Whitewood Dr.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

(email address changed in 2009 - no
cards received either)

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

David E. Gardner

REGISTERED AGENT MUST SIGN

Date March 14, 2010

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
President	David E. Gardner	1624 Whitewood Dr.	Clearwater, FL 33756

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10. E-mail Address:

gardnerfp1@verizon.net

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify 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: ☒

David E. Gardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2010

Date

727-644-5353

Daytime Phone #

727-644-5353

4/6/10