

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -5 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P08000009225*

1. Corporation Name

KQS INC.
22257 Tennyson Ave
Port Charlotte FL 33954

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

22257 Tennyson Ave
Suite, Apt. #, etc.

3. Mailing Office Address

22257 Tennyson
Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Port Charlotte

Zip

33954

Country

USA

Zip

33954

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

261836009

☐ 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 *KQS INC. Strohman, KENNETH*

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

22257 Tennyson Ave
Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33954

REINSTATEMENT 10-11

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
P	<i>Kenneth Stroman</i>	<i>22257 Tennyson Ave</i>	<i>Port Charlotte FL 33954</i>
V	<i>Kenneth Stroman</i>		
S	<i>Kenneth Stroman</i>		
T	<i>Kenneth Stroman</i>	<i>\$116</i>	
N	<i>Kenneth Stroman</i>		

10. E-mail Address:

(To be used for future annual report notification)

11. 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. 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:

Kenneth D. Stroman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/11

Daytime Phone #

cf. 2155