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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2022 MAR 22 PM 12:07

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700384211147
03/22/22--01014--017 **900.00

CR2E091 (11/10)

DOCUMENT # P08000024801

1. Corporation Name

86 THE Q, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1712 Beach Blvd.	1712 Beach Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach, FL	City & State: Jacksonville, Beach, FL
Zip: 32250 Country: USA	Zip: 32250 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 03/03/2008

5. FEI Number: Applied For ☐ / X 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: The Liles Firm, P.A.

Street Address (P.O. Box Number is Not Acceptable): 50 N. Laura Street

Suite, Apt. #, Etc.: Suite 1200

City: Jacksonville | State: FL | Zip Code: 32202

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 _____ Date 3/8/22

REGISTERED AGENT MUST SIGN

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
D,P	Don Nicol	1712 Beach Blvd.	Jacksonville Beach, FL 32250
VP	Debbie Nicol	1712 Beach Blvd.	Jacksonville Beach, FL 32250
	REINSTATEMENT		MAR 22 2022
			R. HUNT

10. E-mail Address: mlee@thelilesfirm.com
(To be used for future annual report notification)

11. I certify that I am an officer, 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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 667B1F2DABAA48A 3/8/22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #