

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000078787**

1. Corporation Name

QUIK STIK CORPORATION

Principal Place of Business

~~830 N.W. 35TH ST.~~
~~SUITE 1~~
~~POMPANO BEACH FL 33064~~

Mailing Address

~~830 N.W. 35TH ST.~~
~~SUITE 1~~
~~POMPANO BEACH FL 33064~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

901 EAST SAMPLE RD.

Suite, Apt. #, etc.

SUITE R

City & State

POMPANO BEACH FLORIDA

Zip

33064

Country

U.S.

3. New Mailing Office Address, If Applicable

901 E. ST SAMPLE RD.

Suite, Apt. #, etc.

SUITE R

City & State

POMPANO BEACH, FLA

Zip

33064

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1993

5. FEI Number

65-0448869

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VP	PULTZ, EVELYN	830 N.W. 35TH ST., SUITE 1 <u>SUITE R</u> <u>901 EAST SAMPLE RD.</u>	POMPANO BEACH FL
ST	PULTZ, CHARELE PULTZ, Charlene	330 N.W. 35TH ST. #1 <u>901 EAST SAMPLE RD SUITE R</u>	POMPANO BEACH FL

500002482185--7
-04/08/98--01013--020
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

PULTZ, RICHARD J
330 N.W. 35 STREET, #1
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Richard J. Pultz
REGISTERED AGENT MUST SIGN

Date

March 30, 1998

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Evelyn Pultz EVELYN PULTZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 1998
Date

Daytime Phone #

CR2E040 (7/96)