

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NOT POSTED  
AND  
FILED

99 MAY 20 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/02/99--01033--023  
\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT 98-99**

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000002214 (2)**

1. Corporation Name

**QUALITY FINISHERS, INC.**

Principal Place of Business

**640 N.E. 26<sup>th</sup> COURT  
POMPANO BEACH, FLORIDA**

Mailing Address

**541 SOUTH STATE RD. 7<sup>(1)</sup>  
MARGATE, FLORIDA  
33068**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**1-10-94**

5. FEI Number

**65-0460865**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	ERROL CAMPBELL	7303 S.W. 8 <sup>th</sup> COURT.	NORTH LAUDERDALE, FLORIDA. 33068
SECT/TREAS.	PAMELA CAMPBELL	7303 S.W. 8 <sup>th</sup> COURT	NORTH LAUDERDALE, FLORIDA. 33068

8. Name and Address of Current Registered Agent

**ERROL CAMPBELL  
640 N.E. 26<sup>th</sup> COURT.  
POMPANO BEACH, FLORIDA. 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

**xxx Errol Campbell**  
REGISTERED AGENT MUST SIGN

**President**

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

**xxx Errol Campbell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ERROL CAMPBELL**

**Pres.**

**4-20-99 1-954-971-9717**  
Date Daytime Phone #

CP2E001 (12/98)