

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL -2 PM 2:45

DOCUMENT # P94000045129

1. Corporation Name

CQL, Inc.

REINSTATEMENT

05-07

CR2E081 (1/07)

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

2051 W. Sam Allen Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

2051 W. Sam Allen Rd.

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City, FL

Zip

33565

Country

USA

Zip

33565

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/16/94

5. FEI Number

59-3254680

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

Nancy Stewart

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

2051 W. Sam Allen Rd.

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33565

☒ 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.

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

Nancy Stewart

REGISTERED AGENT MUST SIGN

Date 06-27-07

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	Nancy Stewart	2051 W. Sam Allen Rd.	Plant City, FL 33565
V	Cynthia Northcut	103 Fernwood Ct.	Chapel Hill, NC 27516
ST	Pamela Gordon	2001 W. Sam Allen Rd.	Plant City, FL 33565

300105188189
07/02/07--01088--025 **450.00

10. 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 contained in Chapter 119, 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:

Nancy Stewart
Nancy Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-27-07 813-7540282

Date

Daytime Phone #