

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED
AND
FILED

1998 APR -3 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045507

1. Corporation Name
Q.C. INC

Principal Place of Business
**6117 Diamond Oaks Avenue
Bakersfield, CA 93306**

Mailing Address
**6117 Diamond Oaks Avenue
Bakersfield, CA 93306**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 6-17-94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0499305	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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*****1058.75 ***1058.75**

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	Clynell Fedrick	6117 Diamond Oaks Avenue	Bakersfield, CA 93306
Vice Pres	Roger M. Fedrick	6117 Diamond Oaks Avenue	Bakersfield, CA 93306
secy treas	Clynell Fedrick	6117 Diamond Oaks Avenue	Bakersfield, CA 93306

REINSTATEMENT

ab-ab
7/9/98
4/3/98

8. Name and Address of Current Registered Agent

Robert H. Springer
3003 So. Congress Avenue, Suite 1A
Palm Springs, FL 33461

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date **3-31-98**

11. This corporation owes or has paid 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: *Clynell Fedrick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clynell Fedrick

3/25/98 **805-871-7181**
Date Daytime Phone #

CR200-0 (1/98)