

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 17 PM 12:34

DOCUMENT # **P94000050525**

1. Corporation Name

QUALITY LUMPER, INC.

2. Principal Office Address

11700 SW 2ND STREET

Suite, Apt. #, etc.

102

City & State

Pembroke Pines, FL

Zip

33025

Country

U.S.A.

3. Mailing Office Address

P.O. Box 694901

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33269

Country

USA

REINSTATEMENT 95-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/05/1994

5. FEI Number

65-0511102

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

LAWRENCE MARABLE

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

11700 S.W. 2ND Street

Suite, Apt. #, Etc.

102

City

PEMBROKE PINES

State

FL

Zip Code

33025

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

[Signature]

Date

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
P/D	LAWRENCE MARABLE	11700 SW 2 ND Street, Apt 102 Pembroke Pines, FL 33025	Pembroke Pines, FLORIDA 33025

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

10/02/2000

Daytime Phone #

CR2E081 (9/99)