

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

1996 NOV -8 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060678**

1. Corporation Name

QUALITY REPAIR OF LAKE CITY, INC.

Principal Place of Business

COUNTY ROAD 341
LAKE CITY FL 32025

Mailing Address

P.O. BOX 1581
LAKE CITY FL 32026-1581

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/15/1994	
City & State		City & State		5. FEI Number	
Zip		Country		50-3263001	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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
P	NICHOLS, PETER D.	P.O. BOX 1581 N/A	LAKE CITY FL
VP	NICHOLS, JACKIE J.	P.O. BOX 1581 N/A	LAKE CITY FL
VP	Nichols, Jamie D	Rt. 9, Box 187	Lake City, FL
			800002055398-1
			-11/15/96-01008-021
			***375.00 ***375.00

REINSTATEMENT *del*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NICHOLS, PETER D COUNTY ROAD 341 - SISTERS WELCOME ROAD LAKE CITY FL 32025		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

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] **REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10-25-96

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:

[Signature] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 752-5878
10-25-96
Date Daytime Phone

CRS 6040 (7/95)