

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 AR

FILED

99 DEC -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082898

1. Corporation Name

P.D. QUICK OF FT. MYERS, INC.

Principal Place of Business

Mailing Address

2830 WINKLER AVE.
SUITE 103-B
FORT MYERS FL 33916
US

P.O. BOX 526
BALA CYNIOYD PA 19004

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

11/09/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0534388

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

80401

USA

6. CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	TOMASELLO, ARNOLD R.	1700 SE 15TH STREET #210	FORT LAUDERDALE FL 33316
D	SAUNDERS, RON	14142 DENVER WEST PARKWAY SUITE 350	GOLDEN, CO 80401

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMASELLO, ARNOLD R.
1700 S.E. 15TH STREET
APARTMENT 210
FORT LAUDERDALE FL 33316

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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

11/10/99
Date

(803) 216-9500
Daytime Phone #

KE