PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
97 FEB 27 AM 10:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation. DOCUMENT # P95000033174

Quill Publishing, Inc.
600 Sturgeon Place
Punta Gorda, FL 33950

96-97

REINSTATEMENT aw

2. If Address in Block 1 is incorrect in any way, enter the correct address below.

Address: 7294 Pelas Circle

City and State: North Fort Myers, FL Zip Code: 33917

3. If Principle Office Address is different from mailing address, enter address below.

Address:

City and State: Zip Code:

4. Date Incorporated or Qualified To Do Business In Florida: 4/25/95 effective 4/21/95

5. FEI Number: 65-0588667

FEI Number Applied For ☐ FEI Number Not Applicable ☐

6. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,S, T,D	Wendy Harrison	7294 Pelas Circle	North Fort Myers, FL 33917
D	Brooks Harrison	7294 Pelas Circle	North Fort Myers, FL 33917

100002101701--6
-03/03/97-01005-003
****915.00 ****915.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Wendy Harrison
600 Sturgeon Place
Punta Gorda, FL 33950

9. If changed, new registered agent / office

Name: Wendy Harrison

Street Address (Do NOT Use P.O. Box Number): 7294 Pelas Circle

Street Address (Do NOT Use P.O. Box Number):

City: North Fort Myers State: FL Zip: 33917

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: Wendy S Harrison REGISTERED AGENT MUST SIGN Date: 2/24/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Wendy S Harrison Date: 2/24/97 Daytime Phone #: (941) 567-0952

Wendy Harrison
Typed or printed name of signing officer or director