

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 NOV 19 AM 10:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000052986**

1. Corporation Name

QRC, INC.

Principal Place of Business

Mailing Address

2326 SOFIA DR
 LUTZ FL 33549

2326 SOFIA DR
 LUTZ FL 33549

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/03/1995

5. FEI Number

59-3330443

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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
D	WATSON, KEITH	2326 SOFIA DR	LUTZ FL 33549
P	WATSON, KEITH	2326 SOFIA DR	LUTZ FL
VPDT	WATSON, KEITH A. J	18701 WALKER RD.	LUTZ FL
SD	ROSSLER, FRED	13413 LITEWOOD DR.	HUDSON FL
D	WATSON, KARI L.	2326 SOFIA DR.	LUTZ FL

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B-11/23/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WATSON, KEITH
 2326 SOFIA DR
 LUTZ FL 33549

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City

300002697923-4
 -11/30/98-01116-013
 ****750.00 State ****750.00 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 11-13-98

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)(f), 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

11-13-98

613 948 2312
 Daytime Phone #

CR2E940 (9/98)