

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 30 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000054782

1. Corporation Name

INTERNATIONAL QUALITY SERVICES, INC.

Principal Place of Business

Mailing Address

11595 KELLY RD.
FT. MYERS FL 33908

11595 KELLY RD.
FT. MYERS FL 33908



REINSTATEMENT 98

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

07/13/1995

Suite, Apt. #, etc.

3957 BLENHEIM ST.

Suite, Apt. #, etc.

3957 BLENHEIM ST.

City & State

FT. MYERS FL.

City & State

FT. MYERS FL.

Zip

33919

Country

USA

Zip

33919

Country

USA

5. FEI Number

65-0591922

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
P	THOMAS, WILLIAM C	200 INDIAN VILLAGE RD 26181 Fairgrounds Blvd	SLIDELL LA Bush, LA 70431
ST	MANUSCO, ROSS	1510 RUE CHARLES 10 LA Quinta Dr	SLIDELL LA 70458
VP	ERICKSON, KEN	3957 BLENHEIM ST	FT MYERS FL 33919

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ERICKSON, KENNETH
11595 KELLY RD.
FT. MYERS FL 33908

Name

ERICKSON, KENNETH D.

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

3957 BLENHEIM ST.

Suite, Apt. #, Etc.

City

FT. MYERS

State

FL

Zip Code

33919

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 11/24/98

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/98 509-698-0250
Daytime Phone #

CR2E040 (9/98)