

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -3 PH 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084227

1. Corporation Name

QUALITY GROISMAN, INC.

414 CENTRAL AVENUE
414 CENTRAL AVENUE

2. Principal Office Address

414 CENTRAL AVENUE

3. Mailing Office Address

414 CENTRAL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CEDARHURST, NY

City & State

CEDARHURST, NY

Zip

11516

Country

USA

Zip

11516

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/02/95

5. FEI Number
65-0703231

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-05
MRS

7. Name and Address of Current Registered Agent

Name

SY SCHNUR, CPA

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

7777 GRANVILLE B

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 01/27/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ELIAS GROISMAN	414 CENTRAL AVENUE	CEDARHURST, NY 11516

10. 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

01/27/2005

Daytime Phone #

(718)809-4505

CP2E081 (01/04)

2072

Sy Schnur, Certified Public Accountant

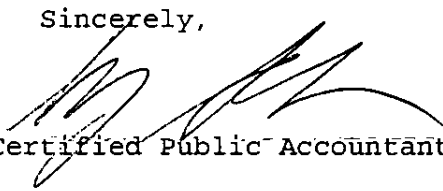
(Continued from one of two)

Please note that the corporation's notice for annual report was **NEVER** received by the taxpayer for 1996. As a result we are requesting a waiver for the reinstatement fee, *as we never even received any notices and we moved after three months in business.*

Also note that there has been an address change and a registered agent change for the corporation.

Your cooperation in handling this matter is greatly appreciated.

Sincerely,



- - - Sy Schnur, Certified Public Accountant - - -