

APPLICATION
FOR
REINSTATEMENT



Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # FILE0000000004

QUIET TECHNOLOGY DC-8, INC.

99 FEB 15 PM 2: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

2261 NW 67th AVE.
BLDG. 700
MIAMI, FL. 33126

If above addressos 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

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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	J. FRANK FINE	242 WELLS ROAD	PALM BEACH, FL. 33480
VP	BARRY H. FINE	5300 SW 99 TERRACE	MIAMI, FL. 33156

100002777531--0
-02/17/99--01016--011
****900.00 ****900.00

100002777531--0
-02/17/99--01016--011
***900.00 ***900.00

8. Name and Address of Current Registered Agent

BARRY H. FINE
5300 SW 99 TERRACE
MIAMI, FL. 33156

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date **FEB. 5, 1999**

11. 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 income 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99

(305) 871-6606

Date: _____

Daytime Phone #