


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **P96000000735**

1. Corporation Name

**QUALITY AMUSEMENTS, INC.**

Principal Place of Business

Mailing Address

745 PINELLAS BAYWAY  
UNIT 212  
TIERRA VERDE FL 33715

745 PINELLAS BAYWAY  
UNIT 212  
TIERRA VERDE FL 33715

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**303 Buttonwood Ln**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**303 Buttonwood Ln**  
Suite, Apt. #, etc.

City & State  
**LARGO FL**

City & State  
**LARGO FL**

Zip  
**33770**

Country  
**Pinellas**

Zip  
**33770**

Country  
**Pinellas**

4. Date Incorporated or Qualified To Do Business in Florida

**12/26/1995**

5. FEI Number

**65-0628493**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<b>Pres</b>	<b>SAMUEL H FOWLER II</b>	<b>303 Buttonwood Ln</b>	<b>LARGO FL 33770</b>
<b>Sec.</b>	<b>Leslie B Fowler</b>	<b>303 Buttonwood Ln</b>	<b>LARGO FL 33770</b>

**700002081007--6**  
**-02/07/97--01011--002**  
**\*\*\*375.00 \*\*\*375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FOWLER, SAMUEL H II**  
**745 PINELLAS BAYWAY**  
**UNIT 212**  
**TIERRA VERDE FL 33715**

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

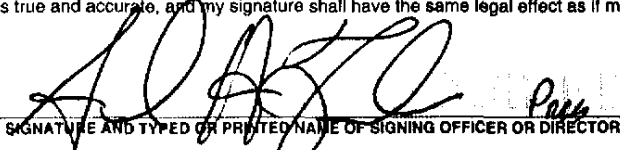
**1-10-97**

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 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)(l), 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

**1-27-97 582 9387**

Date

Daytime Phone #

CR2040 (7/96)