

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000005601

1. Corporation Name

QM Enterprises, Inc.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

16032 78th Rd. N.
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State

City & State

Loxahatchee, FL

Zip Country
33470 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0640648

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Quinton Mitchell Goento, III

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

16856 71st Lane N.
Suite, Apt. #, Etc.

City

State

Zip Code

Loxahatchee

FL

33470

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 Sept. 13, 2016

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
P	Quinton Mitchell Goento, III	16856 71st Lane, N.	Lox, FL, 33470

10. E-mail Address: fherosion@outlook.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Quinton Mitchell Goento, III Sept. 13, 2016

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 14 AM 10:34

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