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99 DEC 21 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

Pg6 0000 18506 (1)

1. Corporation Name

ALBION QUALITY MANAGEMENT
SYSTEMS, INC.

Principal Place of Business

Mailing Address

10500 NW 26th ST. 102A

MIAMI FL 33172

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

98-9

4. Date Incorporated or Qualified To Do Business in Florida

2/28/1996

5. FEI Number

11-3310406

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
EXEC VP	DAVID GILLETT	40 ALBION 10500 NW 26 ST 102A	MIAMI FL 33172
			200003082462--5 -12/29/99-01008-010
PRES	PETER SANTANGELO	40 ALBION 10500 NW 26 ST 102A	MIAMI FL 33172
			****900.00 ****900.00
M.D.	ANDY TITLEY	40 ALBION 10500 NW 26 ST 102A	MIAMI FL 33172

8. Name and Address of Current Registered Agent

ALBION INTL
10500 NW 26th ST
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name

PETER SANTANGELO

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

1220 NW 2 DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33172

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

P. Santangelo

REGISTERED AGENT MUST SIGN

Date

12/20/99

11. This corporation owes 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

PETER SANTANGELO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/99

Date

305406100

Daytime Phone #

KE