

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 # P96000030667**

1. Corporation Name

**QUALITY VALIDATION SERVICES, INC.**

Principal Place of Business

3585 QUAIL MEADOW TRAIL  
PALM CITY FL 34990

Mailing Address

3585 QUAIL MEADOW TRAIL  
PALM CITY FL 34990

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

2. New Principal Office Address, If Applicable

3585-15 Quail Meadow Trail  
Palm City Florida  
City & State

3. New Mailing Office Address, If Applicable

3585 Quail Meadow Trail  
Palm City Florida  
City & State

4. Date Incorporated or Qualified  
To Do Business In Florida

04/02/1996

5. FEI Number

65-072077

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BOCKMAN-PEDERSEN, STIG	3585 QUAIL MEADOW TRAIL	PALM CITY FL 34990 - 2555
		3585-15 Quail Meadow Trail	
			600002371306--2 -12/12/97--01117--004 *****165.00 *****165.00

8. Name and Address of Current Registered Agent

BOCKMAN-PEDERSEN, STIG  
3585 QUAIL MEADOW TRAIL  
PALM CITY FL 34990

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

*Stig Bockman-Pedersen*

REGISTERED AGENT MUST SIGN

Date

11-25-97

11. This corporation owes or has paid 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 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

*Stig Bockman-Pedersen*

11-25-97

Date

861-286-6196

Daytime Phone #

APPROVED  
AND  
FILED

1997 DEC -8 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CP2ED00 (8/97)

3585-15 Quail Meadow Trail  
Palm city FL 34990-2555

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QVS Inc.

December 2, 1997

Florida Department of State

Dear Sandra B. Mortham:

I just recently received the "Notice of Administrative Dissolution of Revocation". I was very confused by this so I called your office to explain that I had never received the Annual Report Forms necessary to file a report. The person I spoke to told me that they had been returned as undeliverable. The address that you have for my corporation is correct as shown by the delivery of the aforementioned notice. The assistant was very helpful and told me to write this letter of explanation and to write a check for the amount of \$165.00 which is enclosed. Thank you very much for your help.

Sincerely,



Stig Boeckman-Pedersen  
President