

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Andra B. [REDACTED]  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 21 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000083188

1. Corporation Name

UNION QUALITY SERVICE CORP.

Principal Place of Business

FT LAUDERDALE  
3420 S.W. 12 COURT  
FT. LAUDERDALE FL 33312

Mailing Address

3420 S.W. 12 COURT  
FT. LAUDERDALE FL 33312-2743

If above addresses 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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/04/1996

5. FEI Number

65-0513875

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	CONTRERAS, FRANCISCO R	3420 S.W. 12 COURT	FT. LAUDERDALE FL 33312

0000002755520--0

-01/26/99--01073--018

\*\*\*158.75 \*\*\*158.75

B 99 AR 1/22/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONTRERAS, FRANCISCO R  
3420 S.W. 12 COURT  
FT. LAUDERDALE FL 33312

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

*Francisco Contreras*  
REGISTERED AGENT MUST SIGN

Date *01-19-99*

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:

*Francisco Contreras*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*01-19-99*

CR2ED40 (9/98)