

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000087033**

1. Corporation Name

Q P MANAGEMENT, INC.

Principal Place of Business

**5461 CARDAN ROAD
JACKSONVILLE FL 32244**

Mailing Address

**5461 CARDAN ROAD
JACKSONVILLE FL 32244**

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1996

Suite, Apt. #, etc.

**1051 Eagle Bend Ct
Jacksonville FL**

Suite, Apt. #, etc.

**1051 Eagle Bend Ct
Jacksonville FL**

5. FEI Number

59-3424323

Applied For

Not Applicable

Zip

32226

Country

USA

Zip

32226

Country

USA

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 3	City / State / Zip 4
P	QUEEN, KATHRYN M	5461 CARDAN ROAD 1051 Eagle Bend Ct	JACKSONVILLE FL 32244 32226
VP	PASTORI, BRIAN A	8935 FREEDOM CROSSING TRAIL #970 44 Leaver	JACKSONVILLE FL Palm Coast 32137

600023705466
10/10/03--01028--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~QUEEN, KATHRYN M~~

~~5461 CARDAN ROAD~~

~~JACKSONVILLE FL 32244~~

Name

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

1051 Eagle Bend Ct

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32226

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. or 617.0505, F.S.

Signature of
Registered Agent

Kathy Queen

REGISTERED AGENT MUST SIGN

Date

10/9/03

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., 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:

Kathy Queen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

904 591-9953

CR2EC40 (7/03)

Q. P. MANAGEMENT
1051 Eagle Bend Court
Jacksonville, Florida 32226

October 9, 2003

To Whom it may concern,

Our company's office has moved twice in the last 12 months. I believe some of the company mail has been lost in the shuffle - as we did not receive the last two notifications regarding the UBR. We moved in late November of 2002 from the 5461 Cardan Road address to a temporary office on Burnt Mill Road, and again in March of this year we moved to our permanent location - 1051 Eagle Bend Court.

I am sorry for the any inconvenience I have caused.
Please call me with any questions.

Our new address follows:

Q.P. Management Inc.
1051 Eagle Bend Court
Jacksonville, FL 32226
904-591-9953

Sincerely,

A handwritten signature in cursive script, appearing to read 'Kathy Queen', written in black ink.

Kathy Queen
President