

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102493

1. Corporation Name

Q MANAGEMENT INCORPORATED

Principal Place of Business

POST OFFICE BOX 2076
FORT PIERCE FL 34954

Mailing Address

POST OFFICE BOX 2076
FORT PIERCE FL 34954

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1996

5. FEI Number

65-0713834

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	QURAISHI, AKHTAR	1122 COLONNADES PLAZA DR.	FORT PIERCE FL 34949

100009329531
12/03/02--01080--016 **150.00

8. Name and Address of Current Registered Agent

QURAISHI, AKHTAR
1122 COLONADES PLAZA
FORT PIERCE FL 34949

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

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-22-02 (772) 465-0688



Q MANAGEMENT, INC.
P.O. Box 2076
FORT PIERCE, FL 34954
772-465-0688
Fax: 772-465-8050
November 22, 2002

Jim Smith
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Document #P96000102493

Dear Mr. Smith:

We are submitting the Application for Reinstatement for Q Management Incorporated, Document P96000102493. At the time of renewal plans were in process to dissolve the corporation. However, due to the fact that I became ill and required quadruple bypass surgery, we were unable to complete all requirements for dissolution. With all the backup of paperwork after surgery, we were unaware for the request for renewal was due.

Now the obvious dissolution cannot occur until next year as we are in the process of closing the corporation, but it cannot feasibly be accomplished until 2003. We request leniency in our behalf due to the illness that was suffered and are sending \$150.00 for 2002 renewal.

Please let us know if this is acceptable to you or what we are required to do at this time. Thank you for giving consideration to our dilemma.

Respectfully,
Q Management, Inc.

A handwritten signature in black ink, appearing to read "Akhtar Quraishi".

Akhtar Quraishi
President