

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 24 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000001838**

1. Corporation Name

QUALITY CONSTRUCTION OF ODESSA, INC.

Principal Place of Business

Mailing Address

18311 JORENE ROAD
ODESSA FL 33556

18311 JORENE ROAD
ODESSA FL 33556

5-5-03 91767 - 017 150.00



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

01/01/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3416683

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	MORTON, RICHARD A	18311 JORENE ROAD	ODESSA FL 33556

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIZIO, ARMANDO F
25400 US 19 NORTH
SUITE 210
CLEARWATER FL 34623

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **October 16, 2003**

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:

Richard A. Morton - President

October 16, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)

292

**Richard A. Morton
18311 Jorene Road
Odessa, Florida 33556
Telephone (813) 920-0186**

October 16, 2003

State of Florida
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

To Whom It May Concern:

Per my telephone conversation today with Mr. Tom G. of your Reinstatement Section, the letter your office sent out on May 21, 2003 was never received, thus he advised me to enclose the following signed Applications for Reinstatement:

QUALITY CONSTRUCTION OF ODESSA, INC. Document # P97000001838

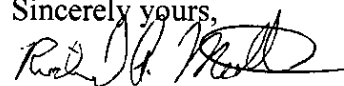
BIMI-TEE TOP COMPANY Document # P97000073986

If you have any questions, please do not hesitate to contact me.

RAM:am

Encl.

Sincerely yours,



Richard A. Morton