

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **197000037534**

1. Corporation Name
QTSIE TELEPHONE, INC.

99 APR 19 AM 10:48

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1147 CROSS CREEK CIRCLE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**1147 CROSS CREEK CIRCLE
ALTAMONTE SPRINGS, FL 32714**

100002855251 - 0
-04/28/99 - 01048-015
****908.75 ****908.75

REINSTATEMENT 98.99

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
APRIL-97

5. FEI Number
59-3480570

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
P	PATRICE MARQUEZ	1147 CROSS CREEK CIRCLE ALTAMONTE SPRINGS, FL	ALTAMONTE SPRINGS, FL 32714
T	PATRICE MARQUEZ	1147 CROSS CREEK CIRCLE	ALTAMONTE SPRINGS, FL 32714
S	PATRICE MARQUEZ	" "	" "
D	PATRICE MARQUEZ	" "	" "
C	PATRICE MARQUEZ	" "	" "

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
PATRICE M. MARQUEZ
Street Address (P.O. Box Number is Not Acceptable)
1147 CROSS CREEK CIRCLE
Suite, Apt. #, Etc.

City
ALTAMONTE SPRINGS State
FL Zip Code
32714

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 **Patrice M. Marquez**
REGISTERED AGENT MUST SIGN

Date **APRIL-14-1999**

11. This corporation owes 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)(b), 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: **Patrice M. Marquez** / **PATRICE M. MARQUEZ** / **407 294-3270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **APRIL-14-99** Daytime Phone #

CR2081 (12-98)