

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 NOV -2 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000 105126

1. Corporation Name

Quartress of Tallahassee Inc

2. Principal Office Address - No P.O. Box #

53 BRidle Gate Dr

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2491

Suite, Apt. #, etc.

City & State

Crawfordville

City & State

Tally

Zip

32327 Wakulla

Zip

32316

Country

Leon

REINSTATEMENT

06-07

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1997

5. FEI Number

59-3481779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Don W. Tolliver

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

53 BRidle Gate Dr

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327



The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Don W. Tolliver

Date 11/2/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/CEO	Don W. Tolliver	53 BRidle Gate Dr	Crawfordville, FL 32327
S	Wayne Tolliver	53 BRidle Gate Dr	Crawfordville, FL 32327
VP	Barbara Flynn Tolliver	339 Brien Rose LN	Orange Park, FL 32065
T	John W. Tolliver Sr	339 Brien Rose LN	Orange Park, FL 32065

*[Handwritten signature]*

11/06/07-01053-008 \*\*300.00

10. 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 contained in Chapter 119, 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:

Don W. Tolliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-07

Date

850-339-9311

Daytime Phone #