


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~
2010 Annual Report

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 97000105126**

1. Corporation Name
Quartress of Tallahassee Inc

FILED
10 APR 30 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900180057379
05/03/10--01016--005 **438.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
53 Bridle Gate Dr

Suite, Apt. #, etc.
.

City & State
Crawfordville

Zip
32327

Country
US

3. Mailing Office Address
P.O. Box 2491

Suite, Apt. #, etc.
.

City & State
Tallahassee, FL

Zip
32316

Country
US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
593481779

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

REGISTERED AGENT MUST SIGN

Date
4-30-2010

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
CEO	Don Tolliver	53 Bridle Gate Dr	Crawfordville, FL 32327
SEC	Wayne S. Tolliver	53 Bridle Gate Dr	Crawfordville, FL 32327
VP	Paul Bennett	1315 Meadow Creek Dr Apt. 355	Irving TX 75038
2VP	Barbara Flynn-Tolliver	339 Brier Rose Ln	Orange Park, FL 32065
PRES	Shirley Collins	2741 N. Sandalwood Dr	Tallahassee, FL 32305

10. E-mail Address: _____
(To be used for future annual report notification)

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. I further certify 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

Date
4-30-2010

Daytime Phone #
339-9311