

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 31 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000052879

1. Corporation Name

QUALITY PAPERMATE, INC.

400011597364  
01/31/03--01075--005 \*\*300.00

2. Principal Office Address

10302 NW SOUTH RIVER DR

3. Mailing Office Address

10302 NW SOUTH RIVER DR

Suite, Apt. #, etc.

BAY# 01

Suite, Apt. #, etc.

BAY # 01

City & State

MEDLEY FLORIDA

City & State

MEDLEY FLORIDA

Zip

33178-1311

Country

USA

Zip

33178-1311

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 19, 1998

5. FEI Number

65-0843219

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

AGHA F KHAN

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

10302 NW SOUTH RIVER DRIVE

Suite, Apt. #, Etc.

01

City

MEDLEY

State

FL

Zip Code

33178-1311

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

REGISTERED AGENT MUST SIGN

Date 01-29-03

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
D	LUCIA J. CARDENAS	2806 KINSINGTON CIR	WESTON/FL/33332
e	AGHA F. KHAN	2806 KINSINGTON CIR	WESTON/FL/33332

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 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:

*Agha F. Khan*

AGHA F. KHAN

01-29-03

305-805-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E051 (10/02)

Page 205

**QUALITY PAPERMATE, INC**

Office Supplies



10302 N. W. SOUTH RIVER DR.,  
BAY # 01  
MEDLEY, FL 33178-1311  
TEL:305-805-1997  
FAX:305-805-3671

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Division of Corporation

January 29, 2003

Dear sir/mam,

Quality Papermate, Inc., is doing business in the state of florida for almost five years. Every year we receive annual report by mail and we file this report alongwith the \$ 150.00. But last year we did not receive this report and we missed to file the report.

Yesterday, we found out surprisingly that our company has been dissolved administratively. Without wasting a minute we contact your office.

We request you to please consider our application and weive any penalty and accept this check for \$ 300.00 for year 2002 and 2003.

If you have any question, please feel free to contact our office at the above mentioned numbers.

Thanking in advance.

Sincerely,

Agha F. Khan  
Quality Papermate, Inc.