

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 FEB -7 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000055867**

1. Corporation Name

**QUANTUM INNOVATIONS, INC.**

Principal Place of Business

1342 COLONIAL BOULEVARD #22  
FORT MYERS FL 33907

Mailing Address

1342 COLONIAL BOULEVARD #22  
FORT MYERS FL 33907

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

**REINSTATEMENT**

98.00

4. Date Incorporated or Qualified  
To Do Business in Florida

06/23/1998

5. FEI Number

650844828

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOFMANN, DAVID A	1342 COLONIAL BOULEVARD #22	FORT MYERS FL 33907

700003136757--9  
-02/16/00--01012--013  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

HOFFMAN, DAVID A  
1342 COLONIAL BOULEVARD #22  
FORT MYERS FL 33907

9. Name and Address of New Registered Agent

Name

Hofmann, David A.  
Street Address (P.O. Box Number is Not Acceptable)

1342 Colonial Boulevard #22

Suite, Apt. #, Etc.

#22

City

Fort Myers

State

FL

Zip Code

33907

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 01/13/00

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/00

Date

941-986-6598

Daytime Phone #

KE

CR2E040 (8/99)