

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -1 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 998000079070

1. Corporation Name Quincy B.C. Inc

200008736282  
11/01/02--01014--001 \*\*150.00

2. Principal Office Address

123 North Orleans

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

City & State

Orlando Beach, FL

City & State

Zip

32174

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/1998

5. FEI Number

59-3532941

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

Barry T. Kuker

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

5746 WHITE ACAC LANE

Suite, Apt. #, Etc.

City

PORT ORANGE

State  
FL

Zip Code

32127

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 10/28/02

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
PRES	CYNTHIA KUKER	5746 WHITE ACAC LANE	PORT ORANGE, FL 32127
V.P.	BARRY KUKER	5746 WHITE ACAC LANE	PORT ORANGE, FL 32127

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

386-671-1099

Daytime Phone #

CR2E081 (9/01)



# Ambrosia Custom Window Fashions

123 N. Orchard Street, 1-B  
Ormond Beach, FL 32174  
(386) 671-1099  
Fax - (386) 673-8343  
www.ambrosiabllinds.com

**"Where customer satisfaction  
is our #1 treatment"**

October 28, 2002

To:  
Florida Department of State  
Ref: Reinstatement of Corporation

Hi,

It was just brought to our attention that our corporation needs to be reinstated. We moved in October 2001 to a new location and never received our Uniform filing forms.

Our new address as listed above is-  
Ambrosia Window Fashions  
123 North Orchard Street  
Unit 1-B  
Ormond Beach, FL 32174

We were located at 2090 S. Nova Road, South Daytona, FL 32119

Your message on hold states that if we did not receive the forms due to an address change, we should write this letter to that effect to get the penalties waived. I have enclosed a check for \$150.00 for the annual filing. If there is more due at this time please contact me directly as soon as possible.

Thank you for your time and consideration in reference to this matter.

  
Barry KuKer

ENCLOSURE  
CIVIL DATA REQUEST

IN OCTOBER 2001  
IT WAS FIRST BROUGHT TO OUR ATTENTION THAT OUR CORPORATION NEEDS TO BE REINSTATE