

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/23

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 22 PM 2:29

DOCUMENT # P99000014170

1. Corporation Name

QUALITY ONE ELECTRIC, INC

2. Principal Office Address

15724 NW 202 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

15724 NW 202 ST.

Suite, Apt. #, etc.

City & State

ALACHUA, FL

City & State

ALACHUA, FL

Zip

32615

Country

ALACHUA

Zip

32615

Country

ALACHUA

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/99

5. FEI Number

59-3564726

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

DARRYL J THOMPSON

600004457698

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

14706 MAIN STREET

-07/03/01--01041--005

****300.00 ****300.00

Suite, Apt. #, Etc.

City

ALACHUA

State

FL

Zip Code

32615

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

Date

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
PRES	CLAUDE W (JR) WHITE	15724 NW 202 STREET	ALACHUA, FL, 32615

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:

Claude W White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-01

Date

904 454 3953

Daytime Phone #

CR2001 (04/01)

2F3

June 14-2007

RE- Qualite One Electric Inc

15724 NW 202 ST

A/Achua, FLA 32615

#59-3564726

P 99000 14170

Dear Sir

I contacted The Division of Corporations on June 1, After Learning That my corporation status was "inactive" This was discovered by my insurance Agent during The Application process for a workmans compensation policy

Through our Telephone conversation, I was instructed to file a reinstatement Form with The Division of Corporations, Along with A check for \$900. (\$300. for The Corporate Annual Filing Fees and A \$600. Reinstatement Fee.)

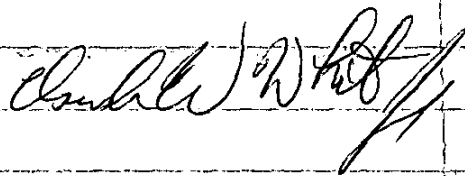
I am Requesting an Abatement of The Reinstatement Fee if possible. I am new to The Rules

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And regulations regarding Functioning AS A Corporation. In The past, I HAVE Always Operated AS A Sole Proprietorship. I am a small business operator and have used different Personnel in managing my office duties Primarily Family & Friend. I do not remember receiving any corporate Annual Reports your department mailed to us, nor has our Attorney contacted us in regards to this matter

I would appreciate any consideration for relief that you can provide. I am enclosing \$300. for the corporate Annual Filing Fees,

And I will send any additional Amount upon your reply

Sincerely 

904 454 3953