

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 22 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000014170**

1. Corporation Name

QUALITY ONE ELECTRIC, INC.

Principal Place of Business

Mailing Address

15724 N.W. 202 STREET
ALACHUA FL 32615

15724 N.W. 202 STREET
ALACHUA FL 32615



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3564726

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PVT	WHITE, CLAUDE W JR	15724 N.W. 202 STREET	ALACHUA FL 32615

0000024837060
11/21/03--01005--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMPKINS, DARRYL J
14706 MAIN STREET
ALACHUA FL 32615

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

Signature of
Registered Agent

Claude W White Jr
REGISTERED AGENT MUST SIGN

Date 11-13-03

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: *Claude W White Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-03 352 316 0182

Date

Daytime Phone #

CR2E040 (7/03)

Florida Department of Revenue
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am requesting an abatement of penalty for late filing. No one in our office can remember receiving the Uniform Business Report for 2003. Please review my past history of timely filing & payment. I have enclosed a check for the original amount of \$150.00.

Sincerely,

Claude W. White, Jr.