

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV -3 PM 2:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000061386

1. Corporation Name

QUALITY BUILDERS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

6035 LAKE LIZZIE DRIVE
ST. CLOUD FL 34771

6035 LAKE LIZZIE DRIVE
ST. CLOUD FL 34771

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

07/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

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
P	GASQUE, JAMES T	6035 LAKE LIZZIE DRIVE	ST. CLOUD FL 34771

300003473199--3
-11/21/00--01097--019
****150.00--****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOLOMON, BRIAN D
390 N. ORANGE AVENUE SUITE 2700
ORLANDO FL 32801

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

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.

KE

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/00)

2072

Florida Dept of State
Tallahassee FL 32314.

October 30th 2000

Dear Sirs,

Unfortunately we did not receive the original mailing from you for the renewal of Quality Builders of Central Florida Inc., our mailing address is new and we have had some problems since this a newly developed area. Please accept our check for the \$150.00 amount and hopes that we may be forgiven the penalties. Our address is as listed on the check.

6035 Lake Lizzie Drive, St Cloud FL 34771.

Thank you for your assistance in this matter.

Sincerely,


James Gasque

Quality Builders of Central Florida Inc,