

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000083273**

1. Corporation Name

QUALITY REPAIRS, INC.

FILED
03 NOV 14 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3501 W VINE STREET
#104
KISSIMMEE FL 34741
US

Mailing Address

3501 W VINE STREET
#104
KISSIMMEE FL 34741
US

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

2. New Principal Office Address, If Applicable

2518 MESQUITE PLACE
Suite, Apt. #, etc.

City & State
KISSIMMEE FL

Zip
34741

Country

3. New Mailing Office Address, If Applicable

2518 MESQUITE PLACE
Suite, Apt. #, etc.

City & State
KISSIMMEE FL

Zip
34741

Country

Date Incorporated or Qualified
To Do Business in Florida

09/16/1999

5. FEI Number

59-3599072

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
PT	STRATTON, DAVID	3501 W VINE STREET #104 2518 MESQUITE PLACE	KISSIMMEE FL 34741 KISSIMMEE FL 34741

900024705669
11/14/03--01042--005 **150.00

8. Name and Address of Current Registered Agent

BALLETTO, VINCENT D
3956 TOWN CENTER BLVD., #165
ORLANDO FL 32837

9. Name and Address of New Registered Agent

Name
DAVID STRATTON
Street Address (P.O. Box Number is Not Acceptable)
2518 MESQUITE PLACE
Suite, Apt. #, Etc.

City
KISSIMMEE FL

State
FL

Zip Code
34741

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. or 617.0505, F.S.

Signature of
Registered Agent

DAVID STRATTON
REGISTERED AGENT MUST SIGN

Date **11-7-03**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-03 **407 933 6703**

2518 MESQUITE PL

KISSIMMEE, FL. 34741

11.9.03.

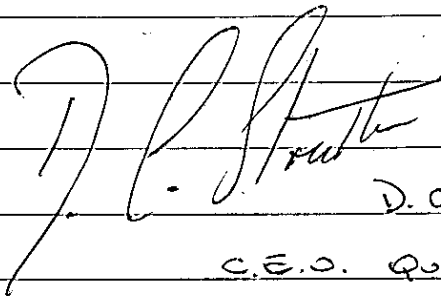
Dear Sirs,

I was disturbed to receive your notice of
ADMINISTRATIVE DISSOLUTION, as I never received any previous
documents.

~~I do not know if it~~

Please find enclosed check and my new mailing address.

Yours faithfully



D.C. STRATTON

C.E.O. QUALITY REPAIRS INC.