

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S39167**

1. Corporation Name

BENJAMIN F. QUINN, INC.

Principal Place of Business

Mailing Address

1973 CEDARWOOD DR.
MELBOURNE FL 32935
US

P O BOX 2213
MELBOURNE FL 32902

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Box 361043

Melbourne

32936

BREVARD

4. Date Incorporated or Qualified To Do Business in Florida

03/15/1991

5. FEI Number

58-3052940

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	QUINN, BENJAMIN F.	1973 CEDARWOOD DRIVE	MELBOURNE FL

400003032694--2
-11/02/99--01077--024
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PA, TRACHMAN HENDE
1990 W NEW HAVEN AVENUE
SUITE 201
MELBOURNE FL 32904

Name Ben Quinn
Street Address (P.O. Box Number is Not Acceptable)
1973 Cedarwood
Suite, Apt. #, Etc.

City Melbourne State FL Zip Code 32935

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 Ben Quinn BENJAMIN F QUINN

Date 10-22-99

REGISTERED AGENT MUST SIGN

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: Ben Quinn BENJAMIN F QUINN

10-22-99

Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR