

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S56240

1. Corporation Name

QUALITY CONSULTING GROUP, INC.

Principal Place of Business

16120 US 19, N
BLDG A
CLEARWATER FL 34624
US

Mailing Address

16120 US 19, N
BLDG A
CLEARWATER FL 34624
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1991

5. FEI Number

59-3080806

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	HOOD, WILLIAM H III	16120 US 19,N	CLEARWATER FL
VPT	QUEEN, HAROLD	16120 US 19, N.	CLEARWATER FL
VPS	ROMANOW, RANDALL	16120 US 19, NORTH	CLEARWATER FL

4000002892244--7
-06/02/99--01033--011
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROMANOW, RANDALL
16120 US 19, N.
BLDG A
CLEARWATER FL 34624

Name

William H. Hood, III

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

16120 U.S. 19 North

Suite, Apt. #, Etc.

Suite 200

City

Clearwater

State

FL

Zip Code

33764

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

William H. Hood III
REGISTERED AGENT MUST SIGN

Date

5-13-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

William H. Hood III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Hood, III
Director

4/19/99

(727) 535-0205

Date

Day and Phone #

CR2E040 (9/98)