

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 #

1. Corporation Name

Q.A.P., Inc.

564673

FILED
98 JUL 20 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

240 Allan Ln.
Melbourne Beach, FL 32951

240 Allan Ln.
Mel. Bch., FL 32951

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

2. New Principal Office Address, If Applicable
240 Allan Lane

3. New Mailing Office Address, If Applicable
240 Allan Lane

4. Date Incorporated or Qualified
To Do Business in Florida

July 2, 1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

16-1137239

Applied For

Not Applicable

City & State
Melbourne Beach, FL

City & State
Melbourne Beach, FL

Zip
32951

Country
Brevard

Zip
32951

Country
Brevard

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
Pres./ Director	Ronald J. Williams	240 Allan Lane	Melbourne Beach, FL 32951

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ronald J. Williams
240 Allan Lane
Melbourne Beach, FL 32951

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

REGISTERED AGENT MUST SIGN

Date

7/14/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ronald J. Williams Pres./Director

Date

Daytime Phone #

7/14/98

CR2E040 (1/96)