

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUL 19 PM 3:47

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # S87999

**1. Corporation Name**

Quad Office Systems, Inc.,

**2. Principal Office Address**

1980 Calumet Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 7927

Suite, Apt. #, etc.

**City & State**

Clearwater, FL 33765

**City & State**

Clearwater, FL 33758

**Zip**

33765

**Country**

**Zip**

33758

**Country**

REINSTATEMENT

03-06

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/18/1991

**5. FEI Number**

59-3111621

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Dale Benter

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

1980 Calumet Street

**Suite, Apt. #, Etc.**

**City**

Clearwater

**State**

FL

**Zip Code**

33765

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Dale Benter*

Date 7/21/06

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Dale Benter	378 Tall Oak Trail	Tarpon Spring, FL 34688
VP/D	Bruce Hill	670 Island Way #208	Clearwater, FL 33767
ST/D	Christopher Benter	3567 Country Pointe Pl.	Palm Harbor, FL 34684

800078213928  
08/01/05--01028--019 \*\*1200.00

**10. 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 contained in Chapter 119, 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: Dale Benter

*Dale Benter*

7/21/06

Date

727-449-8998

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR