

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -2 PM 12:50

DOCUMENT # **V59036**

1. Corporation Name

QUALITY AUTO SERVICE CENTER, INC.
180 BUSINESS PARKWAY
ROYAL PALM BEACH, FL 33411

2. Principal Office Address

SAME

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

08-19-1992

5. FEI Number

65-035-2414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-01

7. Name and Address of Current Registered Agent

Name

DELONES SAWYER

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

14334 WELLINGTON TRAIL

Suite, Apt. #, Etc.

City

WEST PALM BEACH, FL 33414

State
FL

Zip Code

33414

788884769417-2

-01/11/02--010481-020

*****1350.00 ***1350.00**

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

REGISTERED AGENT MUST SIGN

Date **12/31/01**

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
PST	DELONES SAWYER	14334 WELLINGTON TRAIL	WEST PALM BEACH, FL 33414

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 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

DELONES SAWYER

Date

12/31/01

Daytime Phone #

(561) 798-4509

CR2E081 (9/01)