

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

98-00



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

FILED

00 APR 14 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K33031

1. Corporation Name

QUICKQUOTE, INC.

2. Principal Office Address

7101 W. Commercial Blvd

Suite, Apt. #, etc.

#4E

City & State

Ft. Lauderdale, FL

Zip

33319

Country

USA

3. Mailing Office Address

7101 W. Commercial Blvd.

Suite, Apt. #, etc.

#4E

City & State

Ft. Lauderdale, FL

Zip

33319

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/14/88

SP

5. FEI Number

65-0070885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 98-00

7. Name and Address of Current Registered Agent

Name

Ira Saunders

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

7101 West Commercial Blvd.

Suite, Apt. #, Etc.

#4E

City

Ft. Lauderdale.

400003213704-0

-04/18/00-01120-012

\*\*\*1050.00 \*\*\*1050.00

State

FL

Zip Code

33319

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

*Ira Saunders*

REGISTERED AGENT MUST SIGN

Date 4-6-2000

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
D/P/r	Saunders, Ira	7101 W. Commercial Blvd.	Ft. Lauderdale, FL 33319
D/VP	Malis, Gerry	7101 W. Commercial Blvd.	Ft. Lauderdale, FL 33319
D/S	Malis, Mark	7101 W. Commercial Blvd.	Ft. Lauderdale, FL 33319

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:

*Ira Saunders*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Ira Saunders, President

4-6-2000 954-721-2000

Date

Daytime Phone #