


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000105901 1. Entity Name QMP SERVICES, LLC	
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FILED

07 DEC -4 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3225 S MACDILL AVE 213 TAMPA, FL 33629 US	Mailing Address 3225 S MACDILL AVE 213 TAMPA, FL 33629 US
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2. Principal Place of Business - No P.O. Box # 4644 W Gandy Blvd Suite 4-151 Suite, Apt. #, etc. Tampa FL City & State 33611 Zip Country US	3. Mailing Address 4644 W Gandy Blvd Suite 4-151 Suite, Apt. #, etc. Tampa FL City & State 33611 Zip Country US
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11132007 REIN-LLC CR2E101 (1/07)	4. FEI Number 20-5806420	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent HETZEL, TARA 634 GREEN VALLEY RD, G5 PALM HARBOR, FL FL	7. Name and Address of New Registered Agent Name Tara Still Street Address (P.O. Box Number is Not Acceptable) 634 Green Valley Rd G5 City Palm Harbor FL Zip Code 34683
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Tara Still DATE 11/13/07

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BORDEN, DAVID W 3225 S MACDILL AVE #213 TAMPA, FL 33629
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4644 W Gandy Blvd 4-151 Tampa, FL 33611
<input type="checkbox"/> Change <input type="checkbox"/> Addition	500112787565 12/03/07--01059--015 **50.00
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David Borden DATE 11-20-07 813-416-5786