

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUL -9 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000092380

1. Corporation Name

QUALITY SERVICE SOLUTIONS INC

2. Principal Office Address - No P.O. Box #  
4200 NW 3 CT

3. Mailing Office Address  
4200 NW 3RD CT

Suite, Apt. #, etc.  
236

Suite, Apt. #, etc.  
236

City & State  
PLANTATION, FL

City & State  
PLANTATION, FL

Zip  
33317

Country

Zip  
33317

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida 09/17/2001

5. FEI Number  
65-1142952

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  
DEREK JULIEN

Street Address (P.O. Box Number is Not Acceptable)  
4200 NW 3 CT

Suite, Apt. #, Etc.  
236

City  
PLANTATION

State Zip Code  
FL 33317

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Derek Julien

Date 5-21-2007

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
D	JULIEN, DEREK	4200 NW 3 CT APT 236	PLANTATION FL.33317

500103219429  
05/24/07-01059--016 \*\*750.00

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: Derek Julien

Date 5-21-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RC 7/12