

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR -7 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # D95000085716

1. Corporation Name

Quad South, Inc.

2. Principal Office Address

971 E. Eau Gallie Blvd.

Suite, Apt. #, etc.

Suite D

City & State

Indian Harbour Beh, FL

Zip

32937

Country

USA

3. Mailing Office Address

971 E. Eau Gallie Blvd.

Suite, Apt. #, etc.

Suite D

City & State

Indian Harbour Beh, FL

Zip

32937

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/6/95

5. FEI Number

593357450

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

Gail M. Youness

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

923 Fostoria Dr.

Suite, Apt. #, Etc.

City

Suntree

State

FL

Zip Code

32940

000013692220
03/07/03 01043 003 **600.00

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

X Gail M. Youness

REGISTERED AGENT MUST SIGN

Date 2/27/03

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
PD	Michael R. Youness	923 Fostoria Dr.	Suntree, FL 32940
STD	Gail M. Youness	923 Fostoria Dr.	Suntree, FL 32940
D	Paul B. Youness	16422 Erin	Fraser, MI 48026
D	Robert Gaddie	29104 Jefferson	St. Clair Shores, MI 48081

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)(l), 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:

X Gail M. Youness Gail M. Youness

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03

Date

(321) 779-0210

Daytime Phone #

CR2E081 (10/02)