F0200002829

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
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TRANSMITTAL LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT: Quali Soci	Inc	
(Name of c	corporation)	
DOCUMENT NUMBER: FORO	00002829	
The enclosed withdrawal application and fee a	re submitted for filing.	
Please return all correspondence concerning this matter to the following:		
SHERYLENT	WISTZE	
(Name of Person)		
Duglisal	IN	
(Fi	rm/Company)	
18 VAIL POAD	• •	
	(Address)	
Poughkeepsie (City/S	ame of Person) The company) (Address) MU 12603 State and Zip code)	
For further information concerning this matter, p	please call:	
SHERYL ENTWISTLE	at (845) 473 5469 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Amendment Section	MAILING ADDRESS: Amendment Section	
Division of Corporations	Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL. 32399	Tallahassee, FL, 32314	

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

F0200002829 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
ing *
New York (Incorporated Under Laws of)
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation: 18 UAIL ROAD (Mailing Address)
Poughkeepsie NY 12403 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
SHERYL A. ENTWISTLE PRESIDENT (Typed or printed name of person signing) (Title of person signing)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35