

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 OCT 27 AM 9:55

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>F02000004416</u>			
1. Corporation Name QC Financial Services, Inc.			
2. Principal Office Address 9401 Indian Creek Pkwy. Suite, Apt. #, etc. Suite 1500		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Overland Park, KS		City & State	
Zip 66210	Country U.S.A.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 08/27/2002		5. FEI Number 43-1326315	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd.			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
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 <u>Cornie Bryan Speed Asst. Secy</u>		Date 10/27/06	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PD	Darrin Andersen	9401 Indian Creek Pkwy., Ste. 1500	Overland Park, KS 66210
CEO	Don Early	9401 Indian Creek Pkwy., Ste. 1500	Overland Park, KS 66210
SD	Mary Lou Andersen	9401 Indian Creek Pkwy., Ste. 1500	Overland Park, KS 66210
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)(f), 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: <u>Don Early</u>		Date 10-26-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 913-234-5000	

CRS 11/18/06

Florida Department of State
Division of Corporations
Public Access System

06 OCT 27 AM 9:55

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000262752 3)))



H060002627523ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

QC FINANCIAL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

Electronic Filing Menu

Corporate Filing Menu

Help