


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

6-105  
05 JUN -3 AM 11:20  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F68684		
1. Entity Name QUALITY GRAPHICS SIGNAGE SYSTEMS, INC.		

Principal Place of Business 4262 EDISON AVE FORT MYERS, FL 33916	Mailing Address 4262 EDISON AVE FORT MYERS, FL 33916
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05192005 REIN-P CR2E098 (6/04)

4. FEI Number 59-2172589	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIMBLE, WILLIAM D., JR 14564 AREIES WY DR FT MYERS, FL 33912		Name <u>Kimble Estela</u> Street Address (P.O. Box Number is Not Acceptable) <u>7891 Georgian Bay Ct.</u> City <u>Ft Myers</u> FL Zip Code <u>33912</u>	

ESTELA KIMBLE V.  
THE NEW  
PRESIDENT  
AS- July 2004

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: Estela Kimble (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIMBLE, WILLIAM D 7891- GEORGIAN BAY C FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900055719079 06/03/05--01053--001 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KIMBLE, ESTELA V 7891 GEORGIAN BAY C FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ESTELA KIMBLE V. 7891-GEORGIAN BAY CT 111 FT MYERS FL-33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUALIFIER Kimble W. D. 7891 GEORGIAN BAY CT Ft Myers FL-33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>8/36/8</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Estela Kimble ESTELA KIMBLE 53105 239-3342506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #