

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

98-01 UBR

FILED

01 JUL -5 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004400

1. Corporation Name

Q.A. POINT-OF-CARE SERVICES, INC.

201000014837

2. Principal Office Address

30 E CYPRESS ST

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

Zip

34787

Country

USA

3. Mailing Office Address

30 E CYPRESS ST

Suite, Apt. #, etc.

City & State

WINTER GARDEN FL

Zip

34787

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-2-1997

5. FEI Number

59-3437647

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

MICHAEL R. VISNICH

200004475452-9

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

30 E CYPRESS ST

-07/13/01--01102--026

*****8.75 *****8.75

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

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

Michael R. Visnich
REGISTERED AGENT MUST SIGN

Date 6-13-01

LS

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
PRES owner	MICHAEL R. VISNICH	119 BISMARCK CT	OC0EE FL 34761
			200004475452-9
			-07/13/01--01102--027
			*****600.00 *****600.00

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 under section 119.07(3)(i), 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:

Michael R. Visnich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL R. VISNICH 6-13-01 407-656-0396

Date

Daytime Phone #

CR2E081 (9/00)



Quality Assured Services, Inc.

PAYE WU

Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

June 14, 2001

Attention: Divisions of Corporations

Q.A. POINT-OF-CARE SERVICES, INC.

Q. A. Point of Care, has never received a Uniform Business Report since our Inception date in 1997. Since Q.A. Pont of Care has not been an active company apparently not much notice was made of this.

We had a simular issue with Quality Assured Services, which is our other company due to a move where we never received our renewal.

Ignorance is not an excuse, however, we are requesting a reinstatement along with a reduction in fee. I have enclosed a check for \$600.00. along with an additional \$8.75 for a certificate of status.

Please review and accept our request along with our appreciation for your consideration in this matter.

Sincerely,

Nancy Clubb

National "Home-Test" Diagnostics Distributor

30 East Cypress Street • Winter Garden, Florida 34787 • Tel: 407.656.0396 • Fax 407.656.0397 • Toll Free 800.298.4515

Email: gas@hometestmed.com • Website: <http://www.hometestmed.com>