


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> F98000006473			
<b>1. Corporation Name</b> Million Dollar Qualifier, Inc.			
<b>2. Principal Office Address</b> 11-E Hwy. 17 North		<b>3. Mailing Office Address</b> same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> North Myrtle Beach, SC		<b>City &amp; State</b>	
<b>Zip</b> 29582	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>

01 SEP -7 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-01

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	11/25/98
<b>5. FEI Number</b> 58-2351620	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> Andrew Werner	700004511217-7
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4601 Cason Cove Dr. Unit 228	-08/01/01--01054--01
<b>Suite, Apt. #, Etc.</b> Unit 228	****35.00 ****35.00
<b>City</b> Orlando	700004511217-7
	-09/13/01--01052--01
	***1015.00 ***1015.00
<b>State</b> FL	<b>Zip Code</b> 32811

<b>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.</b>	
<b>Signature of Registered Agent</b> <i>Andrew Werner</i>	<b>Date</b> 08/13/01
<b>REGISTERED AGENT MUST SIGN</b>	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
Pres.	Gary J. Lopes	37 Shadowmoss Place	N. Myrtle Beach, SC 29582

**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.**

<b>SIGNATURE:</b> <i>Gary J. Lopes</i>	<b>- Gary J. Lopes</b>	<b>08-13-01</b>	<b>(888) 249-9646</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b>	<b>Daytime Phone #</b>

CRZE001 (9/00)

Requester's Name	
Address	
City/State/Zip	Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. no return address  
 (Corporation Name) (Document #)

2. \_\_\_\_\_  
 (Corporation Name) (Document #) 700004511217--7  
 -08/01/01--01054--011  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

3. \_\_\_\_\_  
 (Corporation Name) (Document #)

4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- |                                   |                                             |                                                |
|-----------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Photocopy             |
|                                   |                                             | <input type="checkbox"/> Certificate of Status |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials