
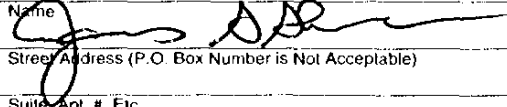




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>G 18029</b>		<b>FILED</b> JUN 27 1999 PORT CHARLOTTE, FLORIDA <b>700002764697--8</b> -02/04/99--01053--012 ****900.00 ****900.00 <b>REINSTATEMENT 99-98</b>	
1. Corporation Name <del>XXXXXXXXXX TITLE SERVICES, XXXX.</del> <b>QUALITY TITLE SERVICES, INC.</b>		<b>W98-27157</b>	
Principal Place of Business <b>2616 Tamiami Trail #6 Port Charlotte, Fl. 33952</b>		Mailing Address <b>2616 Tamiami Trail #6 Port Charlotte, Fl. 33952</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		01/10/1983	
5. FEI Number		Applied For	
59-2360971		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$0.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
STD	SHAVE, COLLEEN	2616 Tamiami Trail Unit 6	Port Charlotte, Fl. 33952
PD	SHAVE, JAMES S.	2616 Tamiami Trail Unit 6	Port Charlotte, Fl. 33952
700002764697--8 -02/04/99--01053--013 ****150.00 ****150.00			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
James S. Shave <del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX.</del> 2616 Tamiami Trail Unit 6 Port Charlotte, Fl. 33952		Name  Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: 		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			