


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p>APPLICATION FOR REINSTATEMENT</p>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<p>AND FILED</p> <p>1997 MAR 31 AM 11:30</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																												
<p>DOCUMENT # H 76074</p> <p>1. Corporation Name QUALITY ENTERPRISES INC. 354 N. ORLANDO AVE. MAITLAND, FL. 32751</p> <p>Principal Place of Business Mailing Address OFFICE SUPPLIES FRANKLIN'S PRINTING AND COPY CENTER 354 N. ORLANDO AVE. MAITLAND, FL. 32751</p> <p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>		<p>REINSTATEMENT 9/13/85 4/1/97</p> <p style="text-align: center; font-size: small;">DO NOT WRITE IN THIS SPACE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">4. Date Incorporated or Qualified To Do Business in Florida 9/13/85</td> </tr> <tr> <td>5. FEI Number 59-2635057</td> <td>Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2">6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</td> </tr> </table>	4. Date Incorporated or Qualified To Do Business in Florida 9/13/85		5. FEI Number 59-2635057	Applied For <input type="checkbox"/> Not Applicable	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																							
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<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																														
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<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:30%;">3</th> <th style="width:30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>Lois R. Thompson</td> <td>105 WESSEX Rd</td> <td>AITAHANTE Spcs. FL 32714</td> </tr> <tr> <td>V. PRES</td> <td>Michael J. Thompson</td> <td>820 WESLEY CIR. #310</td> <td>Apopka FL 32703</td> </tr> <tr> <td>TREAS</td> <td>Michael J. Thompson</td> <td>820 WESLEY CIR. #310</td> <td>Apopka FL 32703</td> </tr> <tr> <td>SEC</td> <td>MARTIN J. Thompson</td> <td>6126 Brookhill Cir.</td> <td>Orlando, FL 32810</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">700002130707--2 -04/01/97--0110--003 ***\$15.00 ***\$15.00</td> </tr> </tbody> </table>			1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	PRES.	Lois R. Thompson	105 WESSEX Rd	AITAHANTE Spcs. FL 32714	V. PRES	Michael J. Thompson	820 WESLEY CIR. #310	Apopka FL 32703	TREAS	Michael J. Thompson	820 WESLEY CIR. #310	Apopka FL 32703	SEC	MARTIN J. Thompson	6126 Brookhill Cir.	Orlando, FL 32810				700002130707--2 -04/01/97--0110--003 ***\$15.00 ***\$15.00
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<p>8. Name and Address of Current Registered Agent</p> <p>Lois R. Thompson 354 N. ORLANDO AVE. MAITLAND, FL. 32751</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City State Zip Code</p> <p style="text-align: center;">FL</p>																												
<p>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.</p> <p>Signature of Registered Agent <u>Lois R. Thompson</u> Date <u>3-27-97</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																														
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																														
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE: <u>Mike Thompson</u> Date <u>3/27/97</u> Daytime Phone # <u>(407) 629-9668</u></p> <p style="text-align: center; font-size: x-small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																														

CR20040 (12/95)