

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 17 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 000000008079

1. Limited Liability Company's Name

QCS LLC,

000021459020
07/25/03--01067--018 **50.00

2. Principal Office Address

P.O. Box 349

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 349

Suite, Apt. #, etc.

City & State

Windermere

City & State

FL

Zip

34786

Country

USA

Zip

34786

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7/5/2000

6. FEI Number

593657269

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Tom Fischer

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

2820 Margueras Court

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

000021459020
07/10/03--01044--001 **100.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 7/7/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	TOM FISCHER	2820 MARGUERAS COURT	WINDERMERE, FL 34786
MEM	DAVE FISCHER	225 TRALEE DRIVE	MIDDLETOWN, DE 19709

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.

Signature of
Managing Member/Manager

Date

7/7/03

Daytime Phone #

407-876-3719

Typed or printed name of signing Managing Member/Manager

TOM FISCHER

CR2041 (10/02)