

L01000003067⁶²

PLEASE REVIEW ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 16 AM 10:23

DOCUMENT # L01000003067

1. Limited Liability Company's Name

QualifEC, LLC

REINSTATEMENT 2002-2003

2. Principal Office Address

3. Mailing Office Address

245 Miraclo MF16

245 Miraclo MF16

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33134

USA

33134

USA

700025534217

12/16/03--01072--021 **205.00

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida

Feb, 27th 2001

6. FEI Number

65-1078323

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

MICHAEL NAGTEGAAL

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

512 ALCAZAR AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 12/12/03

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
MGR MGR	MICHAEL NAGTEGAAL	512 ALCAZAR AVENUE CORAL GABLES, FL 33134	CORAL GABLES, FL 33134

2002-2003
REINSTATEMENT

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 12/12/03

Daytime Phone # (786) 2512413

Typed or printed name of signing Managing Member/Manager

MICHAEL NAGTEGAAL

CR2E041 (10/02)

2 of 2

Michael Nagtegaal
512 Alcazar Avenue
Coral Gables, Fl. 33134

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, Fl. 32399

Dear Sirs,

My lawyer just recently informed me, that he noticed the inactive state of my company. I moved in 2001, and due to the address change I never received any of the Registration Forms nor any previous correspondence.
It was not my intention not to file. I apologize for any inconvenience.

Thank You,


Michael Nagtegaal
Qualitec, LLC

Miami, 12/12/03

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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