

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Jill Smith
Secretary of State
Division of Corporations

APPROVED AND FILED
02 NOV 14 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016667

Name and Mailing Address

0000941 01 FP 0.352 **PRSR T3 0 0615 32819-528059
QRS GROUP AND ASSOCIATES, LLC
7345 SAND LAKE RD.
209
ORLANDO FL 32819-5280

REINSTATEMENT



2. New Mailing Address

8625 DOVER OAKS CT.

City, State, Zip
ORLANDO FL 32836

Principal Place of Business

7345 SAND LAKE RD.
209
ORLANDO FL 32819

3. New Principal Place of Business Address

12200 W. Colonial DR.

City, State, Zip
Winter Gardens FL 34787

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

09/26/2001

6. FEI Number

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

QUINTERO, DANIEL D
8625 DOVER OAKS CT.
ORLANDO FL 32836

9. Name and Address of New Registered Agent

Name

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

400009006844

City

11/14/02--01077--004 FL **125C000

10. 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 11/8/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SYLVESTER, DAVID P	7345 SAND LAKE RD. STE. 204 8625 DOVER OAKS CT.	ORLANDO FL 32819 32836
MGR	QUINTERO, RICARDO	7345 SAND LAKE RD. STE. 204 8625 DOVER OAKS CT.	ORLANDO FL 32819 32836
MGR	QUINTERO, DANIEL D	8625 DOVER OAKS CT.	ORLANDO FL 32836

12. 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 608.408, 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

11/8/02

Daytime Phone #

(407) 832 1121

Typed or printed name of signing Managing Member/Manager

DANIEL QUINTERO

CR2E084 (8/02)