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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 FEB 19 AM 10:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000021266

Name and Mailing Address

0013914 01 AT 0.292 **AUTO T1 0 0615 33904-723813



QCE, L.L.C.

3013 DEL PRADO BLVD. UNIT #13

CAPE CORAL FL 33904-7238

MJM



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/19/2002	
Principal Place of Business 3013 DEL PRADO BLVD. UNIT #13 CAPE CORAL FL 33904	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 51-04 20429	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ALLEN, GLENN A 3013 DEL PRADO BLVD., UNIT #13 CAPE CORAL FL 33904	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500025563685 12/17/03--01066--003 **150.00 City FL Zip Code
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10. I, being appointed as 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

[Signature]

SIGNATURE REQUIRED

Date 12/15/07

REGISTERED AGENT MUST SIGN

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	John Bishop	3013 Del Prado Blvd	Cape Coral FL 33904
MGR	Warwick Adams	3013 Del Prado Blvd	Cape Coral FL 33904
MGR	Glenn Allen	3013 Del Prado Blvd	Cape Coral FL 33904
			500025563685 02/19/04--01015--023 **50.00
REINSTATEMENT 2003-2004			

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 608.406, 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

[Signature]

SIGNATURE REQUIRED

Date DEC 15, 09 Daytime Phone # 239-541-1900

Typed or printed name of signing Managing Member/Manager