



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000074608 1. Entity Name QUALITY PERFORMANCE SOLUTIONS, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JUL 18 AM 10:32	
Principal Place of Business 1382 RUCKEL DRIVE NICEVILLE, FL 32578				Mailing Address 1382 RUCKEL DRIVE NICEVILLE, FL 32578			
2. Principal Place of Business		3. Mailing Address				05112006 REIN-LLC CR2E101 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number 20-4859170		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VAN BUREN, SUSAN N 1382 RUCKEL DRIVE NICEVILLE, FL 32578				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN BUREN, SUSAN N 1382 RUCKEL DRIVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 900077780479 07/20/06--01049--011 **205.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: <u>Susan Van Buren</u>				Date: <u>5/11/06</u>			