

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAR 29 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000068792

1. Corporation Name

**KQI, LLC**

2. Principal Office Address - No P.O. Box #

**3004 N. Dodge St**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 22605**

Suite, Apt. #, etc.

City & State

**Tampa, Florida**

City & State

**Tampa FL**

Zip

**33605**

Country

**USA**

Zip

**33622**

Country

**USA**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Terrance J. Jerelds**

Suite, Apt. #, Etc. (P.O. Box Number is Not Acceptable)

**3004 N. Dodge St**

Suite, Apt. #, Etc.

City

**Tampa, Florida**

State

**FL**

Zip Code

**33605**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Terrance J. Jerelds*

REGISTERED AGENT MUST SIGN

Date **March 5, 2007**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Mgrm	Victoria Feaster	6904 Monarch Park Drive	Apollo Beach, FL 33572
Mgrm	Terrance J. Jerelds	3225 Welborn Way	Tampa, Florida 33619
Mgr Officer	Derrick Hollis	Post Office Box 22605	Tampa, Florida 33622

**REINSTATEMENT 06-07**

**300095214303**  
03/29/07--01014--002 \*\*100.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

*Terrance J. Jerelds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 5 2007** 813-323-581  
Date Daytime Phone #