


## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000105901</b> 1. Entity Name <b>QMP SERVICES, LLC</b>	
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# FILED

07 DEC -4 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3225 S MACDILL AVE 213 TAMPA, FL 33629 US</b>	Mailing Address <b>3225 S MACDILL AVE 213 TAMPA, FL 33629 US</b>
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2. Principal Place of Business - No P.O. Box # <b>4644 W Gandy Blvd Suite 4-151 Tampa FL 33611 US</b>	3. Mailing Address <b>4644 W Gandy Blvd Suite 4-151 Tampa FL 33611 US</b>	4. FEI Number <b>11132007 REIN-LLC CR2E101 (1/07) 20-5806420</b>
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>HETZEL, TARA 634 GREEN VALLEY RD, G5 PALM HARBOR, FL FL</b>	7. Name and Address of New Registered Agent Name: <b>Tara Still</b> Street Address (P.O. Box Number is Not Acceptable): <b>154 Green Valley Rd G5</b> City: <b>Palm Harbor FL</b> Zip Code: <b>34683</b>
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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: Tara Still      DATE: 11/13/07

<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE: <b>MGRM</b> NAME: <b>BORDEN, DAVID W</b> <input type="checkbox"/> Delete STREET ADDRESS: <b>3225 S MACDILL AVE #213</b> CITY-ST-ZIP: <b>TAMPA, FL 33629</b>	TITLE: <b>REINSTATEMENT</b> <input type="checkbox"/> Delete NAME: <b>2007</b>
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

10. ADDITIONS/CHANGES	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>4644 W Gandy Blvd 4-151</b> STREET ADDRESS: <b>Tampa, FL 33611</b> CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>500112787565</b> STREET ADDRESS: <b>12/03/07--01059--015 **50.00</b> CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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: David Borden      DATE: 11-20-07      813-416-5786