PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 NOV 12 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L13000163687

1. Limited Liability Company's Name
QUALITY MARKETING LEADS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2879 Safe Harbor Drive	2879 Safe Harbor Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34231 Country:	Zip: 34231 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/21/2013

6. FEI Number: [ ] Applied For [X] 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

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

500266437705

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Courtney Williams Date: 11.11.14

REGISTERED AGENT MUST SIGN: Assistant Vice President

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Richard F. Rocco	2879 Safe Harbor Drive	Sarasota, FL 34231

11. E-mail Address: Rocco1124@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Richard F. Rocco Date: 12-29-14 Daytime Phone #: 845-206-2787

Typed or printed name of signing Authorized Representative/Manager: Richard F. Rocco

K. ASHTON

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 351255 7967543

AUTHORIZATION : Lynn Delena

COST LIMIT : $ 238.75

ORDER DATE : October 24, 2014

ORDER TIME : 2:40 PM

ORDER NO. : 351255-010

CUSTOMER NO: 7967543

DOMESTIC FILINGS

NAME: QUALITY MARKETING LEADS, LLC

RECEIVED
DEPARTMENT OF STATE
14 NOV 12 AM 10:45

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____