

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CLERK OF STATE
DIVISION OF CORPORATIONS

02 JAN 23 AM 10:01

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L73084

1. Corporation Name

Quality Communications of FL Inc.

2. Principal Office Address

3701 SW 47th Ave.

Suite/Apt. #, etc.

104

3. Mailing Office Address

3701 SW 47th Ave

Suite/Apt. #, etc.

104

City & State

Davie, Florida

City & State

Davie, Florida

Zip

33314

Country

USA

Zip

33314

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 11, 1990

5. FEI Number

65-0193435

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

John W. Hood, Jr.

Street Address (P.O. Box Number is Not Acceptable)

3701 SW 47th Avenue,

Suite/Apt. #, Etc.

104

City

Davie

State

FL

Zip Code

33314

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

John W. Hood, Jr.
REGISTERED AGENT MUST SIGN

Date

1.17.02

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
DC	John W. Hood, Jr.	2521 SW 102 DRIVE DAVIE, FL 33324	DAVIE, FL 33324
P	Scott D. Hood	12583 Brookwood Court DAVIE, FL 33330	DAVIE, FL 33330
VS	Mona L. Hood	2521 SW 102 DRIVE DAVIE, FL 33324	DAVIE, FL 33324

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1.17.02

Daytime Phone #

954-584-4111

CR2E081 (9/01)