

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0602

DOCUMENT # P00000028913

1. Corporation Name

QUANTITIES INC.

2. Principal Office Address

4242 S.W. 107th Way

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33328

Country

3. Mailing Office Address

4242 S.W. 107th Way

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33328

Country

4. Date Incorporated or Qualified

To Do Business in Florida 3/16/2000

5. FEI Number

65-0998986

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

CORPCO, INC.

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

2699 South Bayshore Drive

Suite, Apt. #, Etc.

7th Floor

City

Miami

State

FL

Zip Code

33133

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

CORPCO, INC. by *By: Frederick Thompson, Vice President*
REGISTERED AGENT MUST SIGN

Date

8/20/02

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
CEOPD	Thompson, Frederick	4242 S.W. 107th Way	Davie, FL 33328
D	Randall, Clayton	4242 S.W. 107th Way	Davie, FL 33328
D	Henry, Clifford	4242 S.W. 107th Way	Davie, FL 33328
VPD	Nester, John W.	1295 Northern Blvd.	Manhasset, NY 11030
D	Nester, Roy G.	1295 Northern Blvd.	Manhasset, NY 11030

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)(f), 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: Frederick Thompson, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/02

Date

(914) 663-2295

Daytime Phone #

CR2E081 (9/01)