

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000028913

1. Corporation Name

Quantities Inc.

W6700005281

2. Principal Office Address

3033 Birch Terrace

Suite, Apt. #, etc.

City & State

Davie

Zip

FL

Country

33330

3. Mailing Office Address

3033 Birch Terrace

Suite, Apt. #, etc.

City & State

Davie

Zip

FL

Country

33330

FILED

07 FEB 12 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900088902889
02/21/07--01028--013 **1350.00

REINSTATEMENT 03-07

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

March 16, 2000

5. EFL 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 S. 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

Howard C. Frithelers
REGISTERED AGENT MUST SIGN

Date

10-5-06

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
CEO/P/D	Frederick Thompson	3033 Birch Terrace	DAVIE Miami, FL 33330
D	Clayton Randail	3033 Birch Terrace	DAVIE Miami, FL 33330
D	Clifford Henry	3033 Birch Terrace	DAVIE Miami, FL 33330

REINSTATEMENT 03-07

10. I certify that I am an officer or director of 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:

Frederick Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FREDERICK THOMPSON / 22/07 954-862-3851

2/13