PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 10 AM 8:00

DOCUMENT # P0000069754

1. Corporation Name
QUALITY GARAGE DOOR SERVICES, INC

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
6750 S. WASHINGTON AVE	6750 S. WASHINGTON AVE
Suite, Apt. #, etc.: SUITE #16	Suite, Apt. #, etc.: SUITE #16
City & State: TITUSVILLE FLORIDA	City & State: Titosville FL
Zip: 32780 Country: USA	Zip: 32780 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: JULY 2000

5. FEI Number: 59-3664637 ☐ 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: LEX O. PIERCE
000035826160
05/10/04--01093--018 **908.75

Street Address (P.O. Box Number is Not Acceptable): 3795 HICKORY HILL BLVD

Suite, Apt. #, Etc.:

City: TITUSVILLE State: FL Zip Code: 32796

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: [signature] Date: 05/05/2004
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
PRES	Mitchell O. Pierce	1829 OAK DR S	Rockledge, FL 32955
VP	LEX O. PIERCE, JR	1375 KILEARN DR.	TITUSVILLE, FL 32780
REP BUS AGENT	LEX O. PIERCE	3795 HICKORY HILL BLVD	TITUSVILLE, FL 32796

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] MITCHELL O. PIERCE 5-5-04 321-264-6399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #