## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPOR REINSTAT		2 E A 11 - 4 - 10 -		PARTINE retary of LOF CORPO	State	TATE		FIL BAUG21	PM 1: 3		
DOCUMENT # PODDOOT7606 1. Corporation Name QUAlify KiDD Express Company							SECRETARY OF STATE TALLAHASSEE. FLORIDA 300131363503 08/21/0801023011 **600.00				
YUUS (00002957							Α.	0131 ′08010⁴ とる	3635 19017	503 **750	.00
2. Principal Office			3. Mailing Office Address					א <u>היינים</u>	י איר די	TT out o	
30003 SW 197 AVE. Suite, Apt. #, etc.			30003 SW 197 BVE · Suite, Apt. #, etc.			REINSTATEMENTOGO					
outo, ripit ni oto.						4. Date Incorporated or Qualified					
City & State			City & State			To Do Business in Florida 08/10/2000  5. FEI Number Applied For					
HOMESTEAD, Florida			HONESTEAD, FlORIDA			5. FEI Number Applied For Not Applicable					
<sup>ℤ₀</sup> 33030	Country 716			33030 US			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
05050		Name and Address o	1 -		03		<u> </u>			r a Cerunca	ne or status
7. Name and Address of Current Registered Agent Name							The rei	instatement	fee is imn	need e	vcent in
Street Address (P.O. Box Number is Not Acceptable)							The reinstatement fee is imposed, except in circumstances which the entity did not receive				
6645 SW 102 STREET							the prior notices. By checking this box, you are certifying the prior notices were not				
Suite, Apt. #, Etc.							received and requesting the reinstatement fee be waived.				
City Pine CREST State Zip Code FL 33/56								waived.			
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 Date 6-11-08											
REGISTERED AGENT MUST SIGN											
9. Names and Str	eet Addres	ses of Each Officer and	d/or Director (Florida	nonprofit co	<del></del>			<del></del>			
Titles Name of Street Address of Eac Officers and/or Directors Officer and/or Directors									City / State	e / Zip	
PAES. J.	hu	C. TORR	ESE 6	645	S.w.	102	STREET	PINE	CREST,	F1 3	33156
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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 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		John	- /0	ve	se		6-11-08		247	-19	59
		FURE AND TYPED OR PR	INTED NAME OF SIGN	ING OFFICER	OR DIRECTO	R		Date	Dayt	ime Phone #	



-June 18, 2008

QUALITY KIDD EXPRESS COMPANY 10400 S.W. 64 AVENUE MIAMI, FL 33156

SUBJECT: QUALITY KIDD EXPRESS COMPANY

Ref. Number: P00000077686

We have received your document for QUALITY KIDD EXPRESS COMPANY and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2004 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$150.00 filing fee per year for each year the corporation has been dissolved.

Therefore, the total amount due to reinstate the corporation is \$1350.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2008 Annual Report and Supplemental Fee.

The balance due is \$600.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Regulatory Specalist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Letter Number: 408A00037182