FILED
02 MAY -1 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000102098

1. Corporation Name
QUALTECH SERVICES, INC.

400005492224--6
-05/08/02--01057--004
****150.00 ****150.00

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
3460 Fairlane Farms Road	3460 Fairlane Farms Road
Suite, Apt. #, etc.: #14	Suite, Apt. #, etc.: #14
City & State: Wellington, Florida	City & State: Wellington, Florida
Zip: 33414 Country:	Zip: 33414 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/31/2000

5. FEI Number: 65-1053322 ☐ 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: SPIEGEL & UTRERA, P.A.

400005492224--6
-05/08/02--01057--005
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 1840 Southwest 22 Street

Suite, Apt. #, Etc.: 4th Floor

City: Miami State: FL Zip Code: 33145

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: Spiegel & Utrera, P.A.
By: [signature]
Natalia Utrera, Vice President
REGISTERED AGENT MUST SIGN

Date: 4/26/02

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
DP	Medina, Gilbert B.	3460 Fairlane Farms Rd., #14	Wellington, Florida 33414
DV	Candusso, John G.	3460 Fairlane Farms Rd., #14	Wellington, Florida 33414
DST	Miranda, Maria C.	3460 Fairlane Farms Rd., #14	Wellington, Florida 33414

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] Gilbert B. Medina, President 4-25-2002 (561) 753-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #