

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P01000004461

02 DEC 23 AM 9:01

1. Corporation Name

QUALITY ASSURANCE SERVICES CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009634880

12/23/02--01042--023 **150.00

Principal Place of Business

12273 EMERALD COAST PKWY WEST
HOLIDAY PLAZA STE 103
DESTIN FL 32550

Mailing Address

12273 EMERALD COAST PKWY WEST
HOLIDAY PLAZA STE 103
DESTIN FL 32550



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2002 YBR

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/08/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

374 Southshore DR

374 Southshore DR

City & State

City & State

Destin FL

Destin FL

Zip

Country

Zip

Country

32550

0

32550

5. FEI Number

Applied For

59-3710665

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	CHRISTINE TAYLOR	12273 W Hwy 98 Suite 103	DESTIN FL 32550
V-President	MICHAEL TAYLOR	12273 W Hwy 98 Suite 103	DESTIN FL 32550

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, CHRISTINE
12273 EMERALD COAST PKWY WEST
HOLIDAY PLAZA STE 103
DESTIN FL 32550

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 10/23/02

REGISTERED AGENT MUST SIGN

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 REQUIRED
TAYLOR

Date

Daytime Phone #

10/24/02 1-850-450-1998

CR2E040 (8/02)

20f2

November 22, 2002

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

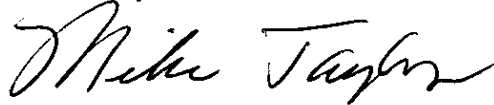
RE: Quality Assurance Services Corp.
DBA: Inspector 99, Inc.
FEIN: 593710665
Document #: P01000004461

I am writing to request that the penalty in the attached notice be waived. I did not receive the two prior uniform business report notices; therefore, a 2002 uniform business report was not filed in a timely manner.

Upon receiving the certificate of administrative dissolution, action was taken immediately. Attached is the application for reinstatement in addition to the \$150.00 fee to file without a penalty.

I apologize for the inconvenience and thank you for your understanding and prompt attention.

Sincerely,

A handwritten signature in cursive script that reads "Mike Taylor".

Mike Taylor
Vice-President