

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

QUALITY ASSURANCE SERVICES CORP
PO10000004461

2. Principal Office Address

374 S. SHORE DR.

3. Mailing Office Address

374 S. SHORE DR.

Suite, Apt. #, etc.

DESTIN FL

Suite, Apt. #, etc.

DESTIN FL.

City & State

32550

City & State

32550

Zip

32550

Country

WALTON

Zip

32550

Country

WALTON

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/2001

5. FEI Number

593710665

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

CHRISTINE R. TAYLOR

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

374 S. SHORE DR.

Suite, Apt. #, Etc.

City

DESTIN FL. 32550

State

FL

Zip Code

32550

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

C. Taylor

REGISTERED AGENT MUST SIGN

Date 10-01-03

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 | CHRISTINE TAYLOR | 374 S. SHORE DR | DESTIN FL 32550 |
| VP | MICHAEL TAYLOR | 374 S. SHORE DR | DESTIN FL 32550 |
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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 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:

C. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-01-03

Date

850650-6965

Daytime Phone #

CR2E081 (10/02)

7/10/7

10/1/03

TO FLORIDA DEPARTMENT OF STATE

ON DEC, 23 2002 A NEW PRINCIPAL ADDRESS
WAS FILED SOMEHOW WE DID NOT RECEIVE
2003 B UNIFORM BUS REP, I'M ASKING FOR
~~A WAIVER OF THE PENALTY DUE TO NOT~~
RECEIVING UBR REPORT.

S.

C Taylor
