


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 01000026284					
1. Corporation Name QualityUSA, Inc.					
2. Principal Office Address 8490 W. Hillsborough Ave. Suite, Apt. #, etc. # 104 City & State Tampa, Florida Zip 33615			3. Mailing Office Address 8490 W. Hillsborough Ave. Suite, Apt. #, etc. # 104 City & State Tampa, Florida Zip 33615		
Country USA		Country USA			

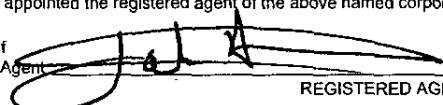
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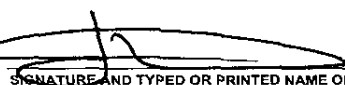
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 3-14-01	
5. FEI Number 59-3703861	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Joseph A. Vause	200022313612
Street Address (P.O. Box Number is Not Acceptable) 8490 W. Hillsborough Ave.	08/14/03--01036--004 **\$00.00
Suite, Apt. #, Etc. # 104	
City Tampa	State FL
	Zip Code 33615

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 8-11-03
REGISTERED AGENT MUST SIGN	

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
P	Joseph A. Vause	8490 W. Hillsborough Ave. # 104	Tampa, Fl. 33615
V	Robert Noble	8490 W. Hillsborough Ave. # 104	Tampa, Fl. 33615
S/T	Maria Vause	8490 W. Hillsborough Ave. # 104	Tampa, Fl. 33615
REINSTATEMENT 02-03 TS			

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 	Joseph A. Vause	8-11-03	813-263-5664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)

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Sir or Madam,

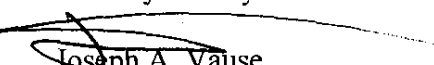
I am a disabled viet nam veteran. I would like to re-activate my corp. QualityUSA, Inc.

I had to leave the state for extensive surgery. I called you office and they said that they would waive some fees because some documents mailed to me, came back to you.

I was further informed that I am required to send \$ 300 to the secretary of state.

Please find the check enclosed.

• Thank you for your assistance.


Joseph A. Vause
Tampa, Florida
813-263-5664