

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. - 2002

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 20 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035247

1. Corporation Name

Quality Mortgage Investments, Inc

**REINSTATEMENT** 02-03

500024868635  
11/20/03--01010--003 \*\*150.00

500024868635  
11/20/03--01010--004 \*\*150.00

2. Principal Office Address

410 E HALLANDALE Bch BLVD

Suite, Apt. #, etc.

206 A

City & State

HALLANDALE FL

Zip

33009

Country

USA

3. Mailing Office Address

- SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

4/3/01

5. FEI Number

65-1096102

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

DAVID CAPONAS

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

410 E HALLANDALE BEACH BLVD.

Suite, Apt. #, Etc.

206 A

City

HALLANDALE FL 33009

State

FL

Zip Code

33009

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

*David Caponas*  
REGISTERED AGENT MUST SIGN

Date 11-3-03

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.	DAVID CAPONAS	410 E HALLANDALE Bch BLVD.	HALLANDALE FL 33009
VP.	"	"	"
Sec	"	"	"
TRBA	"	"	"

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

*David Caponas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-03

Date

954 455 8191

Daytime Phone #

CR2E081 (10/02)

QUALITY MORTGAGE & INVESTMENTS, INC

410 E Hallandale Beach Blvd

Suite 206A

Hallandale, FL 33009

PH (954) 455-8191



Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

November 3, 2003

Dir Sir or Madam:

As per automated instructions we are writing to inform you that we had not received the filing forms for the year(s) 2002 and 2003. We had moved our offices and notified the department of a change in address but apparently it was not changed in your records and we did not receive the forms. We are enclosing the 2 re instatement forms for 2002 and 2003 and two checks for \$150.00 each along with \$8.75 for a certificate of status. Kindly reinstate our corporation as active since we didn't intend for a dissolution and wish to maintain the corporation as active. Thank you.

Sincerely,

David Caponas