

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

03 JAN -3 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058840

1. Corporation Name

QUALITY MARKINGS, INC.

500009240975
11/27/02--01070--003 **150.00

2. Principal Office Address

7776 N.W. 73 CT.

Suite, Apt. #, etc.

City & State

MEDLEY, FLORIDA

Zip

33166

Country

USA

3. Mailing Office Address

7776 N.W. 73 CT.

Suite, Apt. #, etc.

City & State

MEDLEY, FL.

Zip

33166

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/13/2001

5. FEI Number

65-1124317

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

~~XXXXXXXXXX~~, **PAUL A. REYES**

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

7776 N.W. 73 CT.

Suite, Apt. #, Etc.

City

MEDLEY

State

FL

Zip Code

33166

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

Paul Reyes
REGISTERED AGENT MUST SIGN

Date 11/20/2002

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
PD	PAUL REYES	7776 N.W. 73 CT. (Corporation)	MEDLEY, FLORIDA 33166
	President - Director	9455 Collins Ave Apt 1101	Surfside, Florida 33154
	only officer		

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:

Paul Reyes

11/20/2002

(786) 412-5037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

js 11/2

QUALITY MARKINGS, INC.

7776 N.W. 73 CT.
MEDLEY, FL. 33166

DEPARTMENT OF STATE DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

11/20/2002

Ref: CORPORATION REINSTATEMENT

~~QUALITY-MARKINGS, INC.~~
7776 N.W. 73 CT.
MEDLEY, FL. 33166
PAUL REYES/PRESIDENT

To Whom It May Concern,

Please find this letter as notification that I never received the notice for the annual report.

I am requesting that me corporation be reinstated and the late fee be voided.

Please find my check for \$150.00.

Sincerely,

Paul Reyes
Paul Reyes
President

STATE OF FLORIDA

COUNTY OF DADE:

I hereby acknowledge that the statement contained in the foregoing statement are true and correct.

Sworn to and subscribed before me this 20th day
November 2002

Georgina Flores
Notary Public State of Florida

cc: file

