

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # P01000094642

1. Corporation Name

QNH ENTERPRISES, INC.

Principal Place of Business

20337 MELVILLE ST  
ORLANDO FL 32833

Mailing Address

20337 MELVILLE ST  
ORLANDO FL 32833

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/26/2001

5. FEI Number

59-3750051

Applied For

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)

Title(s)

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

President Quentin Jackson

20337 Melville St.  
Orlando, FL 32833

Orlando, FL 32833

Vice President Nashawndra Jackson

20337 Melville St.

Orlando, FL, 32833

1000002763661  
11/01/02--01097--014 \*\*158.75

8. Name and Address of Current Registered Agent

JACKSON, NASHAWNDRA K  
20337 MELVILLE ST  
ORLANDO FL 32833

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 10/28/02

11. 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  
NASHAWNDRA JACKSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02 (407) 568-4444  
Date Daytime Phone #

CR2E040 (8/02)

October 29, 2002

To Whom It May Concern:

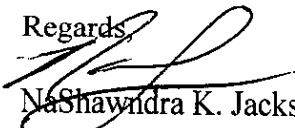
I am writing this letter on behalf of QNH Enterprises, Inc. and in regards to document # P01000094642. We did not receive any prior UBRs (Uniform Business Report) notices.

Please process accordingly and reinstate the corporation. I am enclosing the Application for Reinstatement as well as the \$150.00 fee and an \$8.75 fee for a Certificate of Status.

Please advice of any problems at the below contact information.

NaShawndra Jackson  
QNH Enterprises, Inc.  
20337 Melville Street  
Orlando, Florida 32833  
(407) 568-4444

Regards,

  
NaShawndra K. Jackson