## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT#** P02000022077

1. Corporation Name

QUALITY EXECUTIVE HOMES, INC.

Principal Place of Business

Zip

Mailing Address

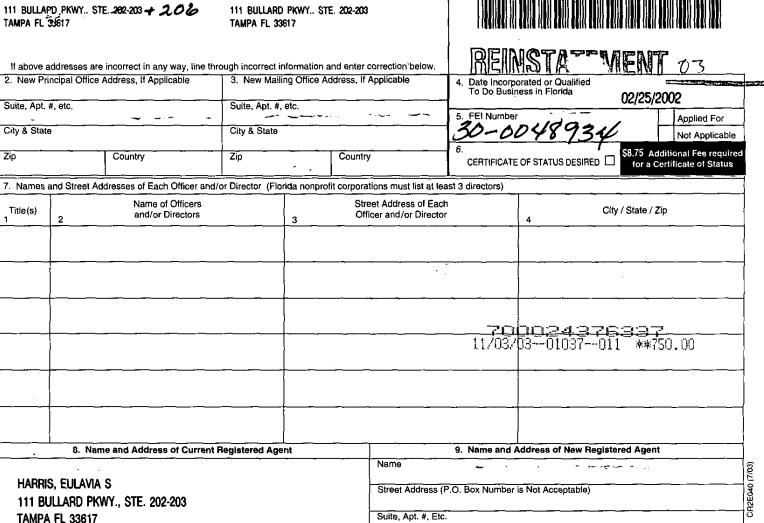
111 BULLAPD PKWY.. STE. 282-203 + 206 TAMPA FL 33617

111 BULLARD PKWY., STE. 202-203 TAMPA FL 33617

FILED

03 NOV -3 PH 5:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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 MUST SIGN

State Zip Code

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 filling 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.

City

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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