

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000054349

1. Corporation Name

Q. C. Underwriting 24, Inc.

2. Principal Office Address - No P.O. Box #

3315 Flagler Circle

Suite, Apt. #, etc.

3. Mailing Office Address

3315 Flagler Circle

Suite, Apt. #, etc.

City & State

Midland, North Carolina

City & State

Midland, North Carolina

Zip

28107-7803

Country

USA

Zip

28107-7803

Country

USA

300156316143
05/22/09--01010--025 **900.00

REINSTATEMENT

FILED
09 MAY 22 PM 3:53
SECRETARY OF STATE
TAMM HALL, FLORIDA

**4. Date Incorporated or Qualified
To Do Business in Florida** 5/10/2002

5. FEI Number
03-0439387

☐ 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
Coben Stefani

Street Address (P.O. Box Number is Not Acceptable)
8012 Cardinal Drive

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33617

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

[Signature]
REGISTERED AGENT MUST SIGN

Date 5/15/09

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/D	Christopher E Fomi	3315 Flagler Circle	Midland, North Carolina 28107-7803
T/S/D	Suzanne M Fomi	3315 Flagler Circle	Midland, North Carolina 28107-7803

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher E Fomi

5/13/09

Date

(704) 888-8622

Daytime Phone #

512600