

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 27 PM 3:14

RECEIVED
FLORIDA

DOCUMENT # PO2000071045

1. Corporation Name

Quick Installers Corp.

2. Principal Office Address

1405 E. Vine Street

Suite, Apt. #, etc.

3. Mailing Office Address

1405 E. Vine Street

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip 34744 Country USA

City & State

Kissimmee FL

Zip 34744 Country USA

REINSTATEMENT

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

6/27/02

5. FEI Number

010728944

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

Florencio Avonce

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

1405 E. Vine Street

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

000060012000
05/27/05--01051--006 #308.75

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 8/26/05

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	Florencio Avonce	1405 E. Vine Street	Kissimmee FL 34744

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/05

Date

407-908-9524

Daytime Phone #

CR2E081 (01/05)

SEP 28 2005