

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # D02000072657

1. Corporation Name

First Quality Shell, Inc.

2. Principal Office Address

11400 NW 20 DR

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33071

Country

USA

3. Mailing Office Address

11400 NW 20 DR.

Suite, Apt. #, etc.

City & State

Coral Springs Florida

Zip

33071

Country

USA

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

July 02, 2002

5. FEI Number

352173340

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

Michelle Gore

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

11400 NW 20 DR

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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

Michelle Gore
REGISTERED AGENT MUST SIGN

Date 12/08/03

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	Michelle Gore	11400 NW 20 DR	Coral Springs, FL 33071
V/Ds	Jim Gore	11400 NW 20 DR	Coral Springs, FL 33071

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:

Michelle Gore Michelle Gore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/08/03
Date

9549140678
Daytime Phone #

CR2E081 (10/02)