

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 27 AM 10:55

RECEIVED FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P03000142884

1. Corporation Name

Quadscot International Investments Inc.

WOG-906

700062776887
02/10/06--01050--024 **150.00

2. Principal Office Address

1636 Regal Cove Ct

3. Mailing Office Address

1636 Regal Cove Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

Zip

34744

Country

USA

Zip

34744

Country

USA

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 2003

5. FEI Number

55-0883295

Applied For

Not Applicable

6. NOT REQUIRED. ☒ **CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Cant

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

1636 Regal Cove Court

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

RAC

Date

12/30/05

REGISTERED AGENT MUST SIGN

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
Mr	Robert Cant	1636 Regal Cove Ct	Kissimmee, FL 34744

REINSTATEMENT

12/2/04
04-06

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:

RAC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/05

Date

407 947 8436

Daytime Phone #