


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 29 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |                                 |  |  |  |
|---|---|---------------------------------|--|--|--|
| <b>DOCUMENT # P04000008090</b>  |   |                                 |  |                       |  |
| <b>1. Entity Name</b><br>QUALITY SUBCONTRACTING OF SOUTH FLORIDA, INC.  |   |                                 |  |  |  |
| <b>Principal Place of Business</b><br>357 SW DWIGHT AVENUE<br>PORT ST. LUCIE, FL 34983  |   |                                 | <b>Mailing Address</b><br>357 SW DWIGHT AVENUE<br>PORT ST. LUCIE, FL 34983                   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>       |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.             |  |  |  |
| City & State  |   | City & State                    |  | <b>4. FEI Number</b><br>38-3695733   |  |
| Zip   |   | Country                         |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |                                 | <b>7. Name and Address of New Registered Agent</b>   |  |  |
| WATKINS, DEREK<br>357 SW DWIGHT AVENUE<br>PORT ST. LUCIE, FL 34983  |   |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                           |  |  |
|   |   |                                 | FL Zip Code  |  |  |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>  |   |                                 |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |   |                                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2008, Fee will be \$300.00</b>  |   |                                 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WATKINS, DEREK<br>357 SW DWIGHT AVENUE<br>PORT ST. LUCIE, FL 34983 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DEREK WATKINS<br>357 SW DWIGHT AVE<br>PORT ST LUCIE, FL 34983                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 400111460954<br>10/29/07--01064--023 **150.00  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |   |                                 |  |  |  |
| <b>SIGNATURE:</b> <i>Derek J. Watkins</i>   |   |                                 | 10/24/07   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |                                 | Date Daytime Phone #   |  |  |

10/24/07