


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000054884</b>			
1. Entity Name H. Q. SERVICES OF FLORIDA, INC.			
Principal Place of Business 3805 SERVICE COURT LAKE WORTH, FL 33467 US		Mailing Address 3805 SERVICE COURT LAKE WORTH, FL 33467 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

07 OCT 17 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent  PEREZ, HAYDEE 815 BELVEDERE ROAD WEST PALM BEACH, FL 33405		7. Name and Address of New Registered Agent Name <u>Hebert Quintana</u> Street Address (P.O. Box Number is Not Acceptable) <u>3805 Service Court</u> City <u>West Palm Beach</u> FL <u>33407</u> Zip Code <u>33407</u>	
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.			
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <u>Hebert Quintana</u> <u>10/15/07</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINTANA, HEBERT 3805 SERVICE COURT LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600110917946</b> <b>10/17/07--01070--002 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAGLIARI, JARAE 6100 NE 4TH AVE. FORT LAUDERDALE, FL 33339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Pagliari, Jorge</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARY, JOSA J 3636 WINDY CIRLCE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Gray, Jose J</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: [Signature] Hebert Quintana 10/15/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
Daytime Phone #