PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM				DEPAR' Secretary SION OF C	y of S			FILED 08 SEP 15 PM 1: 25
DOCUMENT # P050001514.77								ANT OF STATE	
Lee Quality Services INC.								TT MINGSEE, FLORIDA	
	,							5 0971	00135047225 15/0801036002 **450.00
2. Principa	d Office Addre	P.O. Box #	3. Mailing C	3. Mailing Office Address				INSTATEMENT 07-08	
7159 Sportsmans Drive				7972 Han	7972 Hamilton Ave				CR2E081 (12/07)
Suite, Apt. #, etc.				Suite, Apt. #,	Suite, Apt. #, etc.				
07. 2.01.1	· · · · · · · · · · · · · · · · · · ·				Ch. A Chair				orated or Qualified ness in Florida 11/15/2005
City & State North Lauderdale, FL				City & State	Hastings, FL				Applied For
Zíp	auderdale,	Country					try	830-43-95 6.	
33068	3068		USA		32145		١	CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent									
Name Richard L Esdelle							The reinstatement fee is imposed, except in		
Street Address (P.O. Box Number is Not Acceptable) 7972 Hamilton Ave							circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
Suite, Apt. #, Etc.									
City Hasting:	s				State Zip Code 32145			fee be waived.	
8. I, being appointed the registered agent of the above gamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.									
Signature of							Date 9 9 0 8		
Registered Agent REGISTERED AGENT MUST SIGN									Date
9. Names	and Street A	dresses	of Each Officer	and/or Director (Fi	orida nonpre	ofit corp	orations must list at k	east 3 directors)	
Titles	Name of Officers and/or Directors			ore	Street Address of Eacl Officer and/or Directo				City / State / Zip
P	Celena Esdelle			···	7972 Hamilton Ave				Hastings, FL 32145
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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 application and my signature shall have the same legal effect as if made under cath.									
SIGNATURE: Scale Richard 1. Esdelle 9-9-08 7542343265 BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deta Deytime Phone #									