

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0600007383

1. Corporation Name

Quantum Business Group Inc.

2. Principal Office Address - No P.O. Box #

7608 Brightwater Place

Suite, Apt. #, etc.

City & State

Oviedo, FL

Zip

32765

Country

US

3. Mailing Office Address

7608 Brightwater Place

Suite, Apt. #, etc.

City & State

Oviedo, FL

Zip

32765

Country

US

7. Name and Address of Current Registered Agent

Name

Steve E. Manning

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

7608 Brightwater Place

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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

REGISTERED AGENT MUST SIGN

Date 12/08/2008

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	Steve E. Manning	7608 Brightwater Place	Oviedo, FL 32765
VP	Leslie Manning	7608 Brightwater Place	Oviedo, FL 32765

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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/08/2008

Date

407-252-3133

Daytime Phone #

FILED

08 DEC 10 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

700138875297
12/10/08-010387-005 **300.00
CR2E08P(10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 01/9/2006

5. FEI Number
33-1130533

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in 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 fee be waived.