

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 10 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000031974

1. Corporation Name

Quality Construction and Roofing Inc.

REINSTATEMENT 08-10

400171754604

03/10/10--01028--021 **1050.00

CR2E081 (11/09)

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

18824 NW 82 CT

Suite, Apt. #, etc.

3. Mailing Office Address

18824 NW 82 CT

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/12/07

5. FEI Number

20-8618988

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Christopher Gles

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

18824 NW 82 CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

☒ 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.

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

Date 3/9/10

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
P	Christopher Gles	18824 NW 82 CT	Miami, FL 33015

10. E-mail Address: mealuvit@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/10

Daytime Phone #

305 979-9814