

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P10605 1. Corporation Name QUALITY MANAGEMENT, INC. OF NORTH CAROLINA
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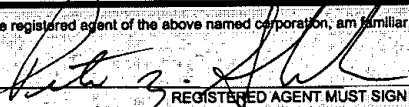
2. Principal Office Address 1031 S. Caldwell Street Suite, Apt. #, etc. Suite 101 City & State Charlotte, North Carolina Zip 28203	3. Mailing Office Address P.O. 37389 Suite, Apt. #, etc. City & State Charlotte, North Carolina Zip 28237
Country Mecklenburg	Country Mecklenburg

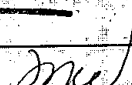
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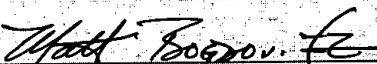
01 SEP 17 AM 4:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 06/30/1986	
5. FEI Number 56-1194680	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 Norton, Gurley, Hammersley & Lopez C/O Peter Z. Skokos		
Street Address (P.O. Box Number is Not Acceptable) 1819 Main Street		
Suite, Apt. #, Etc. Suite 610		
City Sarasota	State FL	Zip Code 34236

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 9-10-01

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	Thomas L. Hammons	1031 S. Caldwell St., #101	Charlotte, NC 28203
AV	Nicole Hammons-Dovgopolyi	1031 S. Caldwell St., #101	Charlotte, NC 28203
ST	Matt Bogdovitz	1031 S. Caldwell St., #101	Charlotte, NC 28203
REINSTATEMENT 98-01			
			

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 under section 119.07(3)(i), 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: 	Matt Bogdovitz	Date 09/07/01	Daytime Phone # 704-344-1147

CS-22081 (9/00)