PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

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

DOCUMENT # P10605

1. Corporation Name

QUALITY MANAGEMENT, INC. OF NORTH CAROLINA

300004596893--7
-09/18/01--01036--030
***1200.00 ***1200.00

2. Principal Office Address	**3.** Mailing Office Address
1031 S. Caldwell Street	P.O. 37389
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.:
City & State: Charlotte, North Carolina	City & State: Charlotte, North Carolina
Zip: 28203 Country: Mecklenburg	Zip: 28237 Country: Mecklenburg

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: [signature] REGISTERED AGENT MUST SIGN Date: 9-10-01

CR2E081 (9/00)

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: [signature] Matt Bogdovitz 09/07/01 704-344-1147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #