

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR REINSTATEMENT

DOCUMENT # P93000088372

1. Corporation Name

QUALITY CRAFT CONSTRUCTION, INC.

Principal Place of Business

6332 HILLVIEW RD
SPRING HILL FL 34606

Mailing Address

6332 HILLVIEW RD
SPRING HILL FL 34606

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3216246

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PIERCE, DANIEL I	6332 HILLVIEW RD	SPRING HILL FL 34606

900008629969
10/28/02--01104--009 **150.00

Bill

8. Name and Address of Current Registered Agent

PIERCE, DANIEL I
6332 HILLVIEW RD
SPRING HILL FL 34606

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

D. Pierce SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

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 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:

D. Pierce SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed, please find an Application for Reinstatement for Quality Craft Construction, Inc., document # P93000088372, along with a check in the amount of \$150.00. The prior reports were not received by the corporation. Please accept this letter as a request to waive the \$600.00 reinstatement fee.

Should you require additional information, please contact me at (352) 683-2851

Sincerely,

Daniel I. Pierce

Daniel I. Pierce