

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 10 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000006538 (0)

1. Corporation Name

QUALTECH SOLUTIONS CORP.
CONSULTING, INC.

6843 BAY HILL DRIVE
6843 BAY HILL DRIVE

REINSTATEMENT 98-04

500036992585
05/21/04--01045--007 **1650.00

2. Principal Office Address

6843 BAY HILL DRIVE

3. Mailing Office Address

6843 BAY HILL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34202

Country

MANATEE

Zip

34202

Country

MANATEE

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1994

5. FEI Number

65-0463596

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

TODD WHITE

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

6843 BAY HILL DRIVE

Suite, Apt. #, Etc.

City

BRADENTON

State
FL

Zip Code
34202

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

Todd White

Date

5-18-04

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	TODD WHITE	6843 BAY HILL DRIVE	BRADENTON, FL 34202

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)(f), 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:

Todd R. White TODD R. WHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-18-04

Daytime Phone #

941-321-5651

CR2E081 (01/04)