PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED 01 JAN 30 PM 4: 38
DOCUMENT # P94000049840 1. Corporation Name Quantum Electrical Contracting, Inc		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 214 Monterey Way Suite, Apt. #, etc.	3. Mailing Office Address 214 Monterey Way Suite, Apt. #, etc.	REINSTATEMENT@9-01
City & State  Royal Palm Beach  Zip Country USA  32141 Palm Royal Palm Royal Royal Royal Royal Palm Royal Ro	City & State Palm Beach F	Date Incorporated or Qualified To Do Business in Florida      Date Incorporated or Qualified To Do Business in Florida      Date Incorporated or Qualified To Do Business in Florida      Applied For Supplied For No. 1 Philosophicable      CERTIFICATE OF STATUS DESIRED X \$8.75 Additional Fee required      Supplied For No. 1 Philosophical Fee required      Supplied For No. 2 Philosophical Fee required      Su
33411 rambeach	22HI 112H	for a Certificate of Status
7. Name and Address of Current Registered Agent  Name————————————————————————————————————		
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.		
Registered Agent — Eur Branch REGISTERED AGENT MUST SIGN  Date 1/29/01		
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 ERICBARRECA VP " "	214 Monterey	van Royal Palm Bch, FI
REAS SAL SALERNO	1255 Executive	Dr. Alpharetta, GA 30005
O Loodify that Law as officers		
this reinstatement application, the reason for dissol	ution has been eliminated, the corporate name satisfies to	ovided for in chapter 607 or 617, F.S. I further certify that when filing he requirements of section 607.0401 or 617.0401, F.S., that all fees because indicated the remarking 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR