

2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 Rev

FILED

05 SEP 26 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000057088	
1. Entity Name QUALITY DESIGN & CONSTRUCTION SERVICES, INC.	

Principal Place of Business 749 WHITES LAKES BLVD SALUDA, NC 28773	Mailing Address 8260 SOUTHWEST 152 STREET MIAMI, FL 33157
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2. Principal Place of Business		3. Mailing Address 749 Whites Lake Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Saluda NC.	
Zip 28773	Country	Zip 33157	Country USA

09152005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0508966		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EHRIKE, BARBARA 14631 SW 87 PL MIAMI, FL 33176-8002		7. Name and Address of New Registered Agent Name Jennifer Hershey Street Address (P.O. Box Number is Not Acceptable) 1970 NE 175 St. City N. Miami Beach FL Zip Code 33162	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jennifer Hershey* DATE **9-20-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EHRIKE, NORM 8260 SOUTHWEST 152 STREET MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	749 Whites Lake Blvd Saluda, NC 28773 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barbara Ehrike 749 Whites Lake Blvd Saluda, NC 28773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000637145 10/13/05--01045--008 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **9-15-05** **828-489-9492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #