

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 22 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080125

1. Corporation Name

QUALITY MANAGEMENT EXCHANGE, INC.

Principal Place of Business

3333 S ATLANTIC AVE  
STE 1101  
DAYTONA BEACH SHORES FL 32118  
US

Mailing Address

219204  
PORT ORANGE FL 32129  
US

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

11/01/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3277021

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
P	ROBISON, JAMES D	3333 S ATLANTIC AVE, STE 1101	DAYTONA BEACH FL 32118
VP	ROBISON, AMY S	3333 S ATLANTIC AVE., STE. 1101	DAYTONA BEACH FL 32118

8. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/02

Daytime Phone #

(386)-767

- 0023

November 12, 2002

TO: Florida Dept of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327  
Phone: 850-245-6059

Copy To: Amerilawyer, Inc.  
343 Almeria Ave.  
Coral Gables, FL  
33134

FROM: Quality Management Exchange, Inc.  
3333 S. Atlantic Ave, Suite #1101  
Daytona Beach Shores, FL 32118  
Phone: 386-767-0023 Fax: 386-767-0408 Email: JimRobison@msn.com

RE: Corporation - Application for Reinstatement

Document #: P94000080125

Dear Florida Dept of State,

It was with great surprise that I just received your "Notice of Administrative Dissolution or Revocation" in the mail.

There must be an error. My company never received this notice earlier, or any notice, as I would have personally paid this on time. I request that the reinstatement fee be waived, as we never received any prior uniform business reports (UBR) notices.

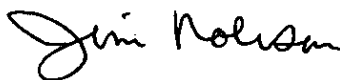
Since this was an error, there is no need to have my register agent sign this form (B# 10).

I have enclosed the \$150 fee, along with an additional fee of \$8.75 for a Certificate of Status to be mailed to my attention, totaling a check for \$ 158.75.

Please send me the corrected & up-to-date status for my company.

Thank you for assistance in this matter.

Regards,



Jim Robison  
President