

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
DOCUMENT # <b>095000085716</b>			
1. Corporation Name <b>Quad South, Inc.</b>			
2. Principal Office Address <b>971 E. Eau Gallie Blvd.</b>		3. Mailing Office Address <b>971 E. Eau Gallie Blvd.</b>	
Suite, Apt. #, etc. <b>Suite D</b>		Suite, Apt. #, etc. <b>Suite D</b>	
City & State <b>Indian Harbour Bch, FL</b>		City & State <b>Indian Harbour Bch, FL</b>	
Zip <b>32937</b>	Country <b>USA</b>	Zip <b>32937</b>	Country <b>USA</b>

FILED  
03 MAR -7 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida <b>11/6/95</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. FEI Number <b>593357450</b>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <b>Gail M. Youness</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>923 Fostoria Dr.</b>	
Suite, Apt. #, Etc. <b>000013692220</b>	
City <b>Suntree</b>	State <b>FL</b>
Zip Code <b>32940</b>	

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

**X Gail M. Youness**

Date **2/27/03**

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
PD	Michael R. Youness	923 Fostoria Dr.	Suntree, FL 32940
STD	Gail M. Youness	923 Fostoria Dr.	Suntree, FL 32940
D	Paul B. Youness	16422 Erin	Fraser, MI 48026
D	Robert Gaddie	29104 Jefferson	St. Clair Shores, MI 48081

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)(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:

**X Gail M. Youness**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/03**  
Date

**(321) 779-0210**  
Daytime Phone #

CR2E081 (10/02)