

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY -4 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000000735

1. Corporation Name QUALITY AMUSEMENTS INC.

2. Principal Office Address  
303 BUTTWOOD LN

Suite, Apt. #, etc.

City & State  
LARGO FL

Zip 33770 Country USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida 2-1-97

5. FEI Number  
65-0628493

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 SAMUEL H FOWLER

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

Suite, Apt. #, Etc.

City LARGO

State  
FL

Zip Code  
33770

800074527928  
05/12/06--01025--026 \*\*1060.00

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

Date 6-1-06

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
<u>Pres</u>	<u>SAMUEL H FOWLER</u>	<u>303 BUTTWOOD LN</u>	<u>LARGO FL 33770</u>
<u>Sec.</u>	<u>LESLIE B. FOWLER</u>	<u>303 BUTTWOOD LN</u>	<u>LARGO FL 33770</u>

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 contained in Chapter 119, 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:

SAMUEL FOWLER

6-1-06

727-458-5947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #