

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P96000038910

**1. Corporation Name**  
Pro Q.C. Systems North America, Inc.

**2. Principal Office Address**  
2737 Merlin Way  
Suite, Apt. #, etc.  
E  
City & State  
Clearwater FL  
Zip Country  
33761 USA

**3. Mailing Office Address**  
Suite, Apt. #, etc.  
City & State  
City  
State  
Zip Country

**4. Date Incorporated or Qualified To Do Business in Florida** 5/6/1996

**5. FEI Number** 59337796  
Applied For  
Not Applicable

**6.** ☐ Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name Jeffrey Moellering 400004765434--4  
Street Address (P.O. Box Number is Not Acceptable) 2737 Merlin Way -01/10/02--01075-012  
Suite, Apt. #, Etc. LS \*\*\*\*\*600.00 \*\*\*\*\*600.00  
City Clearwater State FL Zip Code 33761

**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 [Signature] Date 12-28-01  
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
VP	Ed Sanchez	#21 Tree Hollow Ln	Dix Hills, NY 11746
P	Yvonne Sanchez	#21 Tree Hollow Ln	Dix Hills, NY 11746
Dec. Treasurer	Jeffrey Moellering	2737 Merlin Way	Clearwater, FL 33761

**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: [Signature] Jeffrey Moellering  
SECRETARY/TREASURER 12-28-01 727-773-9661  
Date Daytime Phone #



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December 28, 2001

To Whom It May Concern:

Please note that this is the third attempt I've made to reinstate our incorporation in the state of Florida. I apologize for any misinformation or incorrect documenting thus far. I have printed out a new form, which I believe includes everything necessary and correct. It was confusion on my part, in regards to the registered agent.

A completed application for corporation reinstatement is enclosed. A \$600 check has also been included.

Pro QC Systems did not receive the Uniform Business Report in 10/98. Your office told me that it was returned through the mail. We only found out recently that our incorporation had been cancelled. Please accept this as a request for a waiver, and for reinstatement.

If you have any questions, please contact me directly at 727-773-9661.

Best regards,

  
Jeffrey S. Moellering