

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -4 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000070366

1. Corporation Name

Quality Service Products, Corp

2. Principal Office Address

16680 Lake Pickett Rd
Suite, Apt. #, etc. _____

3. Mailing Office Address

16680 Lake Pickett Rd
Suite, Apt. #, etc. _____

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32820

Country

USA

Zip

32820

Country

USA

REINSTATEMENT

99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/13/96

SP

5. FEI Number

59-3418578

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

Sylvia Seaton Dunlop

100003265451

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

16680 Lake Pickett Rd

-05/24/00--01075--012

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32820

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]

REGISTERED AGENT MUST SIGN

Date 4/30/00

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
Pres.	<u>Sylvia Seaton Dunlop</u>	<u>16680 LK Pickett Rd</u>	<u>Orlando, FL 32820</u>
VP.	<u>Rosa Seaton</u>	<u>3021 N. Ocean Blvd</u>	<u>Ft Lauderdale, FL 33308</u>
VP	<u>Craig Dunlop</u>	<u>16680 LK. Pickett Rd</u>	<u>Orlando, FL 32820</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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

4/30/00 (407) 568 1449

Daytime Phone #