

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

00 APR 20 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 98-00 996000099339

1. Corporation Name

Quality Wall Systems, Inc.

2. Principal Office Address

14601 Taniari Tr.

Suite, Apt. #, etc.

City & State

North Port, FL

Zip Country

34287 SARASOTA

3. Mailing Office Address

14601 Taniari Tr.

Suite, Apt. #, etc.

City & State

North Port FL

Zip Country

34287 SARASOTA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

12-09-96

5. FEI Number

65-0716770

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

Einy, Robert A.

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

14601 Taniari Trail

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34287

900003245219-6

05/09/00-01109-016

***1058.75 ***1058.75

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

Robert A. Einy

REGISTERED AGENT MUST SIGN

Date

4/3/00

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
PT	Einy, Robert A.	14601 Taniari Tr.	North Port FL 34287

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:

Robert A. Einy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/00

Daytime Phone #

941 466 6652

CR2E081 (9/99)