

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000011083		
1. Corporation Name QUALITY AMERICAN CONSTRUCTION INC		

2. Principal Office Address 7825 Rockwell AV Suite, Apt. #, etc. N/A	3. Mailing Office Address 7825 Rockwell AV. Suite, Apt. #, etc. NA
City & State North Port FL	City & State North Port FL
Zip 34286	Country USA

FILED
04 NOV 24 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/2d
REINSTATEMENT 99 of
2/4/1997
4. Date Incorporated or Qualified
To Do Business in Florida
2/4/1997
5. FEI Number
65-0757211
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED
S8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name Joseph G. MARTINO	Street Address (P.O. Box Number is Not Acceptable) 7825 Rockwell AV	Suite, Apt. #, Etc.	
City North Port		State FL	Zip Code 34286

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 Joseph G. Martino	REGISTERED AGENT MUST SIGN	Date 10/12/04	CR2051 (01/04)

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	GARY SESSA	5154 NW 42nd Terr. Coconut Creek, FL 33073	Coconut Creek, FL 33073
Pres	JOSEPH G. MARTINO	7825 Rockwell Ave. North Port FL 34286	NORTH PORT FL, 34286
			71818141-948857
			10/18/04--01081--008 **1508.75

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.			
Joseph G. MARTINO		10/12/04 9546759457	
SIGNATURE: Joseph G. Martino	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #