


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P97000011083			
<b>1. Corporation Name</b> Quality American Construction Inc			
<b>2. Principal Office Address</b> 7825 Rockwell AV Suite, Apt. #, etc. N/A City & State North Port FL Zip 34286 Country USA		<b>3. Mailing Office Address</b> 7825 Rockwell AV. Suite, Apt. #, etc. N/A City & State North Port FL Zip 34286 Country USA	

**FILED**  
04 NOV 24 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 11/24 9909

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	2/4/1997
<b>5. FEI Number</b>	65-0757211
<b>6. CERTIFICATE OF STATUS DESIRED</b>	<input checked="" type="checkbox"/> <b>Not Applicable</b>
S8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
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

**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

**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: Joseph G. Martino  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/04 9546759457  
Date Daytime Phone #

CR2E081 (01/04)