1 of 3

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 JAN 31 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027459

1. Corporation Name
QLS, Inc.

REINSTATEMENT 04-05

2. Principal Office Address		3. Mailing Office Address	
1014 East Avenue		1014 East Avenue	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Sarasota, FL		Sarasota, FL	
Zip	Country	Zip	Country
34237	USA	34237	USA

4. Date Incorporated or Qualified To Do Business in Florida 3/23/1997

5. FEI Number 593434897 — 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
William C. Tidmore

Street Address (P.O. Box Number is Not Acceptable)
1014 East Avenue

Suite, Apt. #, Etc

City	State	Zip Code
Sarasota	FL	34237

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 _____ Date January 26, 2005

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
D	William C. Tidmore	1014 East Avenue	Sarasota, FL 34237
D	Robert Henry	1014 East Avenue	Sarasota, FL 34237

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: _____ William C. Tidmore 1-28-05 941-954-4454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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QLS, Inc.
1014 East Avenue
Sarasota, FL 34237

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

RE: Reinstatement of Dissolved Corporation

To Whom This May Concern:

I write to ask your consideration in waiving the penalty for reinstatement of QLS, Inc. We did not receive our 2004 Annual Report, and therefore inadvertently allowed the company's active status to lapse. We would therefore appreciate your waiving the $600.00 penalty that would otherwise apply.

Thank you for your assistance and consideration.

Very truly yours,

William Tidmore, President

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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(((H05000025237 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

0399.343044

CORPORATION REINSTATEMENT

QLS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	~~1~~ 3
Estimated Charge	~~$90.00~~

$300.00

* See attached Waiver *

Electronic Filing Menu Corporate Filing Public Access Help