

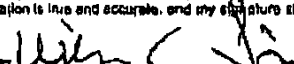
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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.					
2. Principal Office Address 1014 East Avenue		3. Mailing Office Address 1014 East Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34237	Country USA	Zip 34237	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 3/23/1997	
				5. FBI Number 683434897	Applied For Not Applicable
				8. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 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 Sarasota			State FL	Zip Code 34237	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0805 or 817.0603, F.S.					
Signature of Registered Agent  Date January 28, 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)					
Title	Name of Officer and/or Director	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 of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate taxes satisfies the requirements of section 807.0401 or 817.0401, 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)(b), 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	841-854-4454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		H05000025237 3	

REINSTATEMENT 04-05

NOT

01/31/2005

11:15

CCRS → 2050384

NO. 122

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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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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

0399.34304

CORPORATION REINSTATEMENT

QLS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	\$900.00

\$300.00

* See attached waiver *

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