

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 JUN 14 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000030848

1. Corporation Name

Quality Work, Inc.

2. Principal Office Address

16079 76th Street North

Suite, Apt. #, etc.

City & State

Loxahatchee

Zip

33470

Country

3. Mailing Office Address

16079 76th Street North

Suite, Apt. #, etc.

City & State

Florida

Zip

33470

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

04-04-97

5. EEL Number

65-0766146

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

Julio Martinez

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

16079 76th Street North

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

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
P/D	Julio Martinez	16079 76th Street North	Loxahatchee, FL 33470

REINSTATEMENT

000076395860

06/20/06--01062--013 **900.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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May 26, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Quality Work, Inc.
16079 76th Street North
Loxahatchee, FL 33470
Reinstatement

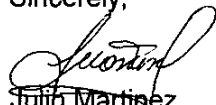
To Whom It May Concern:

Enclosed find a check to cover the fees for reinstatement of my corporation. I have not received the annual report and my corporation has been dissolved.

Also please forward the enclosed articles of amendment with payment to the proper section. I need the corporation reinstated as well as a name change, due to the fact that my corporate name has been taken.

Thanking you in advance for your assistance in the handling of this matter.

Sincerely,


Julio Martinez
President