

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -5 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035816

1. Corporation Name

QUALITY QUICK CORPORATION

2. Principal Office Address

629 Dundee Road

Suite, Apt. #, etc.

3. Mailing Office Address

629 Dundee Road

Suite, Apt. #, etc.

City & State

Dundee, FL

City & State

Dundee, FL

Zip

33838

Country

Zip

33838

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3447596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04
MPL

7. Name and Address of Current Registered Agent

Name

Lynne T. Houston

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

2780 Lake Pierce Drive

Suite, Apt. #, Etc.

600029966136

03/05/04--01069--030 **108.75

City

Lake Wales

State

FL

Zip Code

33853

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

Lynne T. Houston

REGISTERED AGENT MUST SIGN

Date 2/29/04

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
P/S/T	Lynne T. Houston	2780 Lake Pierce Dr	Lake Wales, FL 33853

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:

Lynne T. Houston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynne T. Houston

Date

2/29/04 (863)439-5626
Daytime Phone #

CR2E081 (01/04)