PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -9 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p98000040615

1. Corporation Name

Quality Homeseekers, Inc.

600023665366
10/09/03--01043--005 **150.00

2. Principal Office Address	**3.** Mailing Office Address
2630 NE 47 St	PO Box 50031
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lighthouse Point, FL	City & State: Lighthouse Point, FL
Zip: 33064 Country: USA	Zip: 33074 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/05/98

5. FEI Number: 650834449 ☐ 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: Hammer, Timothy T

Street Address (P.O. Box Number is Not Acceptable): 2630 NE 47 St

Suite, Apt. #, Etc.:

City: Lighthouse Point, State: FL Zip Code: 33064

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: Timothy Hammer Date: 10/6/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PSTD	Hammer, Timothy T	2630 NE 47 St	Lighthouse Point, FL 33064

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: Timothy Hammer Tim Hammer 10/6/03 (954) 781-6164

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

gn 10/10

September 6, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: QUALITY HOMESEEKERS, INC.
FEI # 650834449

To Whom It May Concern:

I am writing in regards to the above corporation, to inform you that the annual report for April 2003 was never received. Consequently the payment of dues was not sent in.

This matter has just been brought to my attention, and I would like to correct it right away.

Attached is payment of $150.00. Please reinstate this corporation.

I apologize for the inconvenience this has caused; please call if you have any questions.

Thank you for your prompt attention to this matter.

Sincerely,

TIM HAMMER
President
Ph# 954-781-6164
Fax# 954-781-8774