

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 21 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041575

1. Corporation Name

QUALITY PROFESSIONAL'S INC

700014852607
03/28/03--01002--021 **900.00

2. Principal Office Address

9298E Boca Gardens Pkwy

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33496

Country

US

3. Mailing Office Address

9298E Boca Gardens Pkwy

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33496

Country

US

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

12-31-1998

5. FEI Number

65-0837992

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

Sandra Hiebert

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

9298E Boca Gardens Pkwy

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code
33496

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

Sandra J Hiebert

Date 3-11-03

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
Pres	Hiebert, Sandra J	9298E Boca Gardens Pkwy	Boca Raton FL 33496
Sce	Hiebert, William R	9298E Boca Gardens Pkwy	Boca Raton FL 33496

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:

Sandra J Hiebert

Sandra J Hiebert

3-11-03

561-218-3602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E08 (10/02)