

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -1 AM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066282

1. Corporation Name

QUALITY BUILT BY DESIGN, INC.

REINSTATEMENT 01-03

800017915188

05/02/03--01111--008 **1050.00

2. Principal Office Address

7044 STAPOINT CT.

Suite, Apt. #, etc.

3. Mailing Office Address

7044 STAPOINT CT.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32792

Country

US

City & State

WINTER PARK, FL

Zip

32792

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-27-98

5. FEI Number

59-3530160

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

RICHARD L. KRAMPE

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

7044 STAPOINT COURT

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32792

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-30-03

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/T/D	RICHARD KRAMPE	7044 STAPOINT CT.	WINTER PARK, FL 32792

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:

[Signature]

RICHARD KRAMPE

4-30-03

407-657-5935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (1002)