PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 3

CORPORATION REINSTATEMENT 001101 0802

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P99000014170

1. Corporation Name

QUALITY ONE ELECTRIC, INC

2. Principal Office Address	3. Mailing Office Address
15724 NW 202 ST.	15724 NW 202 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALACHUA, FL	City & State: ALACHUA, FL
Zip: 32615 Country: ALACHUA	Zip: 32615 Country: ALACHUA

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/99

5. FEI Number: 59-3564726 ☐ 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: DARRYL J THOMPKINS

600004457698--9
-07/03/01--01041--005
****300.00 ****00.00

Street Address (P.O. Box Number is Not Acceptable): 14706 MAIN STREET

Suite, Apt. #, Etc.

City: ALACHUA State: FL Zip Code: 32615

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

CR2E061 (9/00)

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 VP	CLAUDE W (JR) WHITE	15724 NW 202 STREET	ALACHUA, FL, 32615

6/12/01

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: Claude W White 6-14-01 904 454 3953

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

June 14- 2007

RE- Qualite One Electric Inc
15724 NW 202 ST
Alachua, Fla 32615
59-3564726
P 99000 14170

Dear Sir

I contacted The Division of Corporations on June 1, After Learning That my corporation STATUS WAS "INACTIVE" This WAS Discovered by my Insurance Agent during The Application process for a Workmans Compensation policy. Through our Telephone conversation, I WAS instructed To File A reinstatement Form with The Division of Corporations, Along with A check for $900. ($300. for The Corporate Annual filing Fees and A $600. Reinstatement Fee) I am Requesting An Abatement of The Reinstatement Fee if possible. I Am new To The Rules

And regulations regarding Functioning As A corporation. In the past, I have Always operated As a sole Proprietorship, I am A small business operator and have used different Personel in managing my office duties Primarily Family or Friend. I do not remember receiving any corporate annual Reports your department mailed to us, nor has our Attorney contacted us in regards To This matter

I would Appreciate any consideration for relief That you can provide. I Am enclosing $300. for the corporate Annual Filing Fees. And I will send any additional Amount upon your reply

Sincerely Charles W Wolff

904 454 3953