

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 APR 15 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PC4000021045**

**1. Corporation Name**

Quality Systems of America, Inc.

**2. Principal Office Address**

20533 Biscayne Blvd

**3. Mailing Office Address**

20533 Biscayne Blvd

Suite, Apt. #, etc.

N310

Suite, Apt. #, etc.

N310

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

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

09/19/03

**5. FEI Number**

650900423

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

200054244012

05/11/05--01012--014 \*\*1058.75

**7. Name and Address of Current Registered Agent**

Name

Paul Jon Layne, Esq.

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

1792 Bell Tower Lane

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

**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

REGISTERED AGENT MUST SIGN

Date 04/06/05

**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
PD	Michael C. Strickland	20533 Biscayne Blvd, Ste. N310	Aventura, FL 33180

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL C STRICKLAND

SECRETARY/Treasurer/P.O.

4/06/05 904-456-9989

CR2E081 (01/05)