

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 AUG 13 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000027341

1. Corporation Name

QUICKADD, INC.

200022480922  
08/21/03--01052--009 \*\*600.00

REINSTATEMENT 00-03

2. Principal Office Address 311 NE 47 <sup>th</sup> Ct. Suite, Apt. #, etc.		3. Mailing Office Address 311 NE 47 <sup>th</sup> Ct. Suite, Apt. #, etc.	
City & State Ocala, FL 34470		City & State Ocala, FL 34470	
Zip 34470	Country U.S.A.	Zip 34470	Country U.S.A.
4. Date incorporated or qualified to do business in Florida 3/19/99		5. FBI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		58.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name John Campbell	
Street Address (P.O. Box Number is Not Acceptable) 6226 S. Orange Blossom Trail	
Suite, Apt. #, Etc. Bldg. 3	
City Orlando	State FL
	Zip Code 32809

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of  
Registered Agent

*John Campbell*

Date 08/11/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres CEO	David Cutler	6226 S. Orange Blossom Trail Orlando, FL 32809	Orlando, FL 32809

10. I certify that I am an officer or director of 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

08/11/03

Date

Daytime Phone #

CR2004 (10/02)

7/11/13

# QUICKADD, INC.

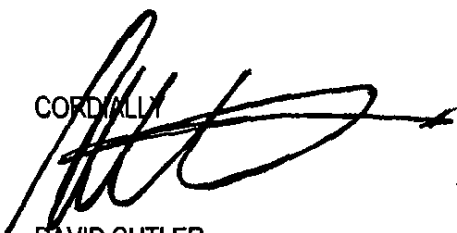
TO WHOM IT MAY CONCERN:  
TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2000 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

A handwritten signature in black ink, appearing to be 'DC' or 'Cutler', written over the word 'CORDIALLY'.

DAVID CUTLER  
PRESIDENT