

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000055180

**FILED**  
**Nov 07, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN QUALITY ASSOCIATES, INC.

**Current Principal Place of Business:**

5249 SE HORSESHOE PT. RD  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

5249 SE HORSESHOE PT. RD  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 65-0926522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WYBLE, BARBARA J  
5249 SE HORSESHOE PT. RD  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA J WYBLE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: WYBLE, BARBARA  
Address: 5249 SE HORSESHOE PT. RD  
City-St-Zip: STUART, FL 34997

Title: P  
Name: WYBLE, BARBARA  
Address: 5249 SE HORSESHOE PT. RD  
City-St-Zip: STUART, FL 34997

Title: T  
Name: BRAIN, WYBLE  
Address: 1560 SE HAMPSHIRE WAY #102  
City-St-Zip: STUART, FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA WYBLE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MRS.

11/07/2010

\_\_\_\_\_  
Date