

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000061820**

1. Corporation Name

**QUALITY ASSURANCE CONSULTING, INC.**

Principal Place of Business

Mailing Address

PO BOX 940215  
MIAMI FL 33194

PO BOX 940215  
MIAMI FL 33194

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT** 03

4. Date Incorporated or Qualified To Do Business in Florida

07/12/1999

5. FEI Number

65-0933772

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	LOPEZ, GEORGE W	13244 NW 5TH TERRACE	MIAMI FL 33182

400023919994  
10/17/03--01092--012 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOPEZ, GEORGE W  
13244 NW 5TH TERRACE  
MIAMI FL 33182

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b>
Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*SGW Lopez*

Date 10-15-03

REGISTERED AGENT MUST SIGN

11. 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:

*SGW Lopez* George W. Lopez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03 305 220-2778

Date

Daytime Phone #

CR2E040 (7/03)

QUALITY ASSURANCE CONSULTING,  
INC.

P.O. Box 940215  
Miami Florida 33194 - 0215  
786-348-4206  
glopez5@bellsouth.net

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October 15, 2003

Florida Department of State

Glenda E. Hood  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Friend,


Ref: Document number P99000061820 FEI number 650933772

This letter is to inform the secretary that I George W. Lopez registered agent of Quality Assurance Consulting, Inc. did not received the 2003 uniform business report. I did received a notice of administrative dissolution. Please accept my schedule fee included with report.

\$150.00 For URB 2003

Ref: check # 1026 for \$150.00

Sincerely,

  
George W. Lopez