

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COOPINE WAS	FLORIDA DEPARTMENT OF STATE. Katherine Harris Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE OF
DÖCUMENT # 1. Corporation Name W. Q. P. , I P 990000 9		
2. Principal Office Address 5845 HOLLYWOOD BLVD Suite, Apt. #, etc.	3. Mailing Office Address 5845 Howy www BLVD. Suits, Apt. #, etc.	3000044581038 -07/03/0101059002 *****300.00 *****300.00
City & State Holly Wood, FC	City & State HOLLY WWD FC	4. Date incorporated or Qualified To Do Business in Florida /0/15/99 5. FEI Number Applied For Not Applicable
23021 Country USA	Zip Country USA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name RERECCA HUFFMAN Street Address (P.O. Box Number is Not Acceptable) YO MUTHA S. ES/CUC/HEN. ATTORNEYS AT LAW Suite, Apt. #, Etc. 14041 U.S. Hwy ONE City State Zip Code FL 33408 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.		
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		
Titles Name of	d/or Director (Fiorida nonprofit corporations must list at le Street Address of Each	
P(V/T/S) DANIEL W. LIPTURD		wod Bud Hour and, Fe 33021
		16/25
	- The state of the	
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 filling 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 peld 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: SIGNATURE AND TYPER-OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylor Prione #		





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June 16, 2001

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: W.Q.P., Inc. - Document # P99000091318

To Whom It May Concern:

I very recently learned that the above corporation, of which I am the principal officer, has been administratively dissolved for failure to file an annual report. This is the first Florida Corporation with which I've been associated, and because I had never received notification that an annual report was due, I inquired with your offices about why that was so. When I did, I discovered that the corporation's address is incorrectly shown to be "5845 "C" Hollywood, Florida 33021," with the street name, "Hollywood Blvd.," (after the "C") missing.

It appears that the above occurred because the street name had been inadvertently omitted in a single place in the corporation's Articles of Incorporation. In every other place in the Articles of Incorporation, the correct address is shown, as is the address of the initial registered office, and the name and address of the registered agent. It seems likely that notification was sent to the incorrectly truncated address and was returned undeliverable.

I apologize for the error made in drafting the Articles of Incorporation and have enclosed amended articles and a completed Corporation Reinstatement form (both showing the correct address). I've also enclosed a check for \$300.00 and am respectfully requesting that any greater reinstatement fees be waived in this case.

Thank you

Dan Lipford, President

DWL/eb

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