

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 2:52

DOCUMENT # *S66064*

1. Corporation Name

Quality Builders + Developers Inc.

2. Principal Office Address

5150 SW Kanner Hwy

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34997

Country

Martin

3. Mailing Office Address

5150 SW Kanner Hwy

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34997

Country

Martin

REINSTATEMENT *99-0031*

4. Date Incorporated or Qualified
To Do Business in Florida

July 15, 1991

5. FEI Number

650282114

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William Cunningham

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

5150 SW Kanner Hwy

Suite, Apt. #, Etc.

City

Stuart

100003514501--9

-12/27/00-01061-025

***508.75 ***508.75

State
FL

Zip Code

34997

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

William Cunningham

REGISTERED AGENT MUST SIGN

Date *12/4/2000*

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
PTS	<i>William Cunningham</i>	<i>5150 SW Kanner Hwy</i>	<i>Stuart FL 34997</i>
VTS	<i>Danny Brown</i>	<i>357 Ashley Oak Way</i>	<i>Stuart FL 34997</i>

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:

William Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/2000
Date

561-528-2862
Daytime Phone #

CR2E031 (9/99)