


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V01882

1. Corporation Name

QUALITY MANAGEMENT RESOURCES, INC.

Principal Place of Business

Mailing Address

54 NW 40 STREET
MIAMI FL 33127
US

% CORNELIUS SHIVER, ESQ.
P.O. BOX 331542
MIAMI FL 33233
US

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

2. New Principal Office Address, if Applicable

1155 Connecticut Ave, NW

3. New Mailing Office Address, if Applicable

1155 Connecticut Ave, NW

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Washington, DC

City & State

Washington, DC

Zip

20036

Country

USA

Zip

20036

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1991

5. FEI Number

65-0331120

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	RAMOS, CARMEN M	54 NW 40 STREET	MIAMI FL
		1155 Connecticut Ave, NW Ste 500	Washington, DC 20036
			500003497265-8 -12/12/00-01063-017 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

SHIVER, CORNELIUS
103 GRAND AVENUE
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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.

Signature of
Registered Agent


 SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/30/00

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:

 SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/00

Daytime Phone #

202-332-4252

CR2E040 (8/99)