

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
T. J. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:45

DOCUMENT # V55382

1. Corporation Name

QUALITY PEOPLE GROUP ENTERPRISE, INC. II

Principal Place of Business

Mailing Address

STOP - N - SHOP
499 SR 434 / STE 1017
ALTAMONTE SPRINGS FL 32714
US

STOP - N - SHOP
499 SR 434 / STE 1017
ALTAMONTE SPRINGS FL 32714
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3135531

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PDS	PATEL, SALIM	2924 CORRINE DRIVE	ORLANDO FL
SD	PATEL, SALIM	2924 CORRINE DRIVE	ORLANDO FL
			000004678780--0 -11/14/01--01054--023 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATEL, SALIM
2924 CORRINE DRIVE
ORLANDO FL 32803

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

AD
10/19/2001

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

Daytime Phone #

10/19/2001

QUALITY PEOPLE GROUP ENTERPRISES, INC. *II*
499 S. R. 434, STE. 1017
ALTAMONTE SPRINGS, FL 32714
407-774-0071

October 19, 2001

Fl. Dept. of State
Division of Corporation, Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Please be advised that the review of our records indicate that we were not in receipt of the annual first and second corporate renewal forms from your office. Upon discussion with your office, and with there suggestion, we enclose the copy of the form 2001 Uniform Business Report with the check in the amount of \$ 150.00.

Kindly accept our report and waive any penalties associated with such filing. Your uppermost attention to this matter is appreciated.

Sincerely,



Salim Patel, President