

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 MAR 11 PM 1:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005512**

1. Corporation Name

QAI, INC.

Principal Place of Business

Mailing Address

~~386 N. WABACHA~~
~~4550~~
~~ST. PAUL MN 55102~~
~~46~~

~~7700 IRVINE CENTER DR~~
~~STE 605~~
~~IRVINE CA 92618~~
~~IIS~~



REINSTATEMENT 01-02

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

11/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~ONE Technology, J-709~~
 Irvine, CA

10622 Villa Del Cerro
 Santa Ana, CA

5. FEI Number

41-1709144

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$3.75 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
P	DAVID WIEGAND	7700 IRVINE CNTR DR, #605 One Technology Dr, Suite J-709	IRVINE CA 92618
S	MARIA WIEGAND	7700 IRVINE CNTR DR, #605 One Technology Dr, Suite J-709	IRVINE CA 92618
			LS
			300005108483--5 -03/14/02--01064--010 ****758.75 ****758.75
			300005108483--5 -03/14/02--01064--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

M.T. FITZPATRICK
SIGNATURE REQUIRED
 M.T. FITZPATRICK
 ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date

3/8/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Wiegand
SIGNATURE REQUIRED
 Maria Wiegand

Date

Daytime Phone #

(877)
 2/202 318-1501

CR2E040 (8/01)