


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J85487 1. Entity Name QUIXOTIC VENTURES, INC.		
Principal Place of Business 2621 SW. 24TH STREET MIAMI, FL 33145		Mailing Address 2621 SW. 24TH STREET MIAMI, FL 33145
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip

FILED

09 NOV 10 AM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



JY
11-13-09

REINSTATEMENT

6. Name and Address of Current Registered Agent CARLSON, LINDA H ESQ 145 CURTISS PKWY MIAMI SPRINGS, FL 33166				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____			
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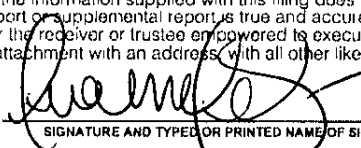
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P PEREZ-RAMON, IGNACIO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200162639212 11/09/09--01060--011 **300.00
STREET ADDRESS	2621 SW 24TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	
TITLE	VAS <input checked="" type="checkbox"/> Delete	TITLE	JUAN M. PEDRAZA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, POMPEYO	NAME	VAS
STREET ADDRESS	2621 SW 24TH STREET	STREET ADDRESS	2621 SW 24 Street
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	Miami, FL 33145
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAT-MARTIN, LINA	NAME	
STREET ADDRESS	2621 SW 24TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRREZ, IGNACIO JR.	NAME	
STREET ADDRESS	2621 SW 24TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **JUAN M. PEDRAZA** 10/22/2009 (305) 854-5838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Print