

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 24 PM 6:28

**CORPORATION REINSTATEMENT**

**DOCUMENT #** L33234  
**1. Corporation Name**  
 QUIRMO INC.

<b>2. Principal Office Address</b> 700 East 11 AVE. Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> -P.O.-Box -14-4131. Suite, Apt. #, etc.	
City & State Hialeah, Fl.		City & State Coral Gables, FL.	
Zip 33010	Country USA	Zip 33114-4131	Country USA

**REINSTATEMENT** 01

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number** 65-0164238  
 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: **Ramon Quirantes**

Street Address (P.O. Box Number is Not Acceptable): **4180 West 12th AVE**

Suite, Apt. #, Etc.

City: **Hialeah** State: **FL** Zip Code: **33012**

**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: *[Signature]* Date: **10-16-2001**

REGISTERED AGENT MUST SIGN

**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
D	Ramon Quirantes	4180 West 12th AVE	Hialeah, FL. 33012

**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:** *[Signature]* **Ramon Quirantes** **10-16-2001** **(305)821-6181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)

AD