

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 19 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P05000013500

1. Corporation Name

MP QUALITY INVESTMENTS, CORP.

2. Principal Office Address - No P.O. Box #

9609 SW 152 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33196

Country

U.S.

3. Mailing Office Address

3213 S. COLLEGE RD

Suite, Apt. #, etc.

City & State

WILMINGTON, NC.

Zip

28412

Country

U.S.

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

01-26-2005

5. FEI Number

20-2231115

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

X2

7. Name and Address of Current Registered Agent

Name

CARLOS PAREDES

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

9609 SW 152 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

CARLOS PAREDES

Date 02/17/09

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
P	MIYOMAR V. TWIZ	3213 S. COLLEGE RD.	WILMINGTON, NC. 28412
VP.	GRILDIRA VARGAS	260 COUNTRY CLUB DR.	WHITEVILLE, NC. 28472
TREAS	MIGUEL CREDZOWA	()	() () ()
SEC	CARLOS PAREDES	9609 SW 152 AVE	MIAMI, FL. 33196

02/19/09-01038--009 **617.50

REINSTATEMENT

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 contained in Chapter 119, 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

CARLOS PAREDES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/09

Date

305-964-9920

Daytime Phone #