

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC -7 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000138299

1. Corporation Name

QUANTUM BENEFITS INC.

800163382838  
12/07/09--01086--010 \*\*\$600.00

REINSTATEMENT 06-09  
CR2E0811 (11/09)

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

5805 Blue Lagoon Dr

Suite, Apt. #, etc.

Suite 280

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

5805 Blue Lagoon Dr

Suite, Apt. #, etc.

Suite 280

City & State

Miami, FL

Zip

33126

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

October 6, 2006

5. FEI Number

030571705

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

Jose I. Gonzalez

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

5805 Blue Lagoon Dr

Suite, Apt. #, Etc.

Suite 280

City

Miami

State

FL

Zip Code

33126

☒ 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

REGISTERED AGENT MUST SIGN

Date December 4, 2009

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
PSD	Jose I. Gonzalez	5805 Blue Lagoon Dr Suite 280	Miami, FL 33126

10. E-mail Address: jigonz@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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

December 4, 2009 305-447-8404

Date

Daytime Phone #