2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000004708 1. Entity Name 07 NOV 28 PM 3: 59 Q MANAGEMENT SERVICES CORPORATION Principal Place of Business Mailing Address 16033 SW 116TH STREET 16033 SW 116TH STREET MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 10603 500 // 6 91 3. Mailing Address OPENSTATE OF ARTEOS (1/07) Suite, Ap Suite, Apt. #, etc. City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINONES, LUIS Street Address (P.O. Box Number is Not Acceptable) 16033 SW 116TH STREET MIAMI, FL 33176 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. DPS TITLE ☐ Change TITLE ☐ Delete 500112619015 11/27/07--01052--002 **19 QUINONES, LUIS NAME STREET ADDRESS 16033 SW 116TH STREET STREET ADDRESS CITY-ST-7IP MIAMI, FL 33176 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Cnange ☐ Addition TIFLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change Addition TITLE 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. Ulcu SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR