Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305)406-3800
Fax Number : (305)406-3999

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
J QUINTERO CONSTRUCTION CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$1,000.00~~ $450

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

08-10

CR2E091 (11/09)

DOCUMENT # P06000030582

1. Corporation Name
J QUINTERO CONSTRUCTION CORP

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7570 NW 14 ST	7570 NW 14 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 104	SUITE 104
City & State	City & State
MIAMI, FL	MIAMI, FL
Zip / Country	Zip / Country
33126 / US	33126 / US

4. Date Incorporated or Qualified To Do Business In Florida 02/28/2006

5. FEI Number 204405484 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required See Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOSE QUINTERO

Street Address (P.O. Box Number is Not Acceptable)
7570 NW 14 ST

Suite, Apt. #, Etc.
SUITE 104

City / State / Zip Code
MIAMI FL 33183

☑ 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 ☒ _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOSE QUINTERO	7570 NW 14 ST	MIAMI, FL 33126

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reviver or is/are 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: ☒ _____ JOSE QUINTERO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #