

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **P93000037729**

1. Corporation Name  
**L.M. QUALITY MANAGEMENT SERVICE CORP.**

FILED  
 01 OCT 30 AM 11:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

411 KANE CONCOURSE 711 KANE CONCOURSE  
 504 BAY HARBOR SUITE 504  
 BAY HARBOR FL 33154 BAY HARBOR FL 33154  
 US US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**L.M. Quality Mgmt**  
 Suite, Apt., #, etc. **P.O. Box 440915**  
 City & State **Miami FL**  
 Zip **33144** Country **USA**

3. New Mailing Office Address, If Applicable  
**L.M. Quality Mgmt**  
 Suite, Apt., #, etc. **P.O. Box 440915**  
 City & State **Miami FL**  
 Zip **33144** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**05/26/1993**

5. FEI Number **65-0412770**

6. CERTIFICATE OF STATUS DESIRED  \$0.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TDP	NUNEZ, LUZMARY	8101 BYRON AVE Association office	Miami Beach FL 33144

8. Name and Address of Current Registered Agent

**NUNEZ, LUZMARY**  
 4001 NW 5 ST  
 MIAMI FL 33126

9. Name and Address of New Registered Agent

Name **LUZMARY NUNEZ**  
 Street Address (P.O. Box Number is Not Acceptable) **8101 BYRON AVE**  
 Suite, Apt., #, Etc. **ASSOCIATION OFFICE**  
 City **Miami Beach** State **FL** Zip Code **33141**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date **9/15/2001**

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 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/15/2001** Daytime Phone # **3052648035**

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