

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN 12 PM 3:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000040739

1. Corporation Name

Quisq ueya Stables, Inc.

2. Principal Office Address

12305 SW 45th St.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33171

Country

U.S.A.

3. Mailing Office Address

501 Brickell Key Dr.

Suite, Apt. #, etc.

504

City & State

Miami FL

Zip

33131

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/5/1998

5. FEI Number

65-0834754

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

Wesley M. Robinson, P.A.

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

501 Brickell Key Drive

Suite, Apt. #, Etc.

504

City

Miami

State

FL

Zip Code

33131

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-07/05/00--01/10/04

****900.00 ****900.00

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

Wesley M. Robinson

Date 6/8/00

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
Dir	Batista, Ashley	12305 SW 45th St.	Miami, FL 33171

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 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:

Ashley P. Batista

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 12-00 (305) 620-3721

Daytime Phone #

CR2E081 (9/99)