

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000003060**

1. Corporation Name

**QUICKBROWSE.COM, INC.**

Principal Place of Business

935 4TH STREET  
MIAMI BEACH FL 33139

Mailing Address

935 4TH STREET  
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/30/2000

5. FEI Number **65-1007129**

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	FEST, MARC	935 4TH STREET	MIAMI BEACH FL 33139
D	BOHNETT, DAVID	935 4TH STREET	MIAMI BEACH FL 33139
D	SINE, DAVID	935 4TH STREET	MIAMI BEACH FL 33139
D	TOBIAS, ANDREW	935 4TH STREET	MIAMI BEACH FL 33139

400024172404

10/27/03--01101--006 \*\*150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name **MARCUS FEST**  
Street Address (P.O. Box Number is Not Acceptable)  
**935 4TH ST.**  
Suite, Apt. #, Etc.  
City **MIAMI BEACH** State **FL** Zip Code **33139**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/23/2003

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

10/23/2003 3056049500

Daytime Phone #

CR20040 (7/03)



To  
DIVISION OF CORPORATION  
ANNUAL REPORT/REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE FL 32314-6327

**To whom it may concern**

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Miami Beach ,Thursday, October 23, 2003

Dear Madam / Sir ---

I would like to ask that you waive the late fee because I did not receive the Uniform Business Report form.

I have included a \$150 check.

Respectfully yours,

Marcus Fest, CEO, Quickbrowse.com, Inc.