

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 24 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000004339**

1. Corporation Name

**QUAXAR.COM, INC.**

Principal Place of Business

**14 NORTHEAST FIRST AVE., SUITE 908  
MIAMI FL 33132**

Mailing Address

**14 NORTHEAST FIRST AVE., SUITE 908  
MIAMI FL 33132**

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

2. New Principal Office Address, If Applicable  
**25 SE 2nd Avenue**

Suite, Apt. #, etc.  
**#305**

City & State  
**Miami, Florida**

Zip **33131** Country **USA**

3. New Mailing Office Address, If Applicable  
**25 SE 2nd Avenue**

Suite, Apt. #, etc.  
**#305**

City & State  
**Miami, Florida**

Zip **33131** Country **USA**

REINSTATEMENT



**900024055399**  
**10/24/03--01002--001 \*\*150.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/31/2000**

5. FEI Number

**04-3520853**

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
<del>POB</del>	<del>AZUELA, LEONEL</del>	<del>14 NE 1ST AVE, #908</del>	<del>MIAMI FL 33132</del>
PCD	AZUELA, LEONEL	25 SE 2ND AVENUE, #305	MIAMI, FL 33131

8. Name and Address of Current Registered Agent

**AZUELA, LEONEL  
14 NE 1ST AVE  
SUITE 908  
MIAMI FL 33132**

9. Name and Address of New Registered Agent

Name **AZUELA, LEONEL**

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

**25 SE 2ND AVENUE**

Suite, Apt. #, Etc.

**#305**

City

**MIAMI**

State

**FL**

Zip Code

**33131**

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 OF REGISTERED AGENT**

REGISTERED AGENT MUST SIGN

Date

**Oct 20, 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.

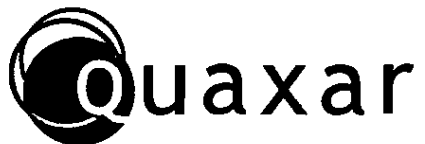
SIGNATURE:

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

Date

Daytime Phone #

**(305)  
Oct 20, 2003 350-1919**



October 20, 2003

Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

**Re: Reinstatement Quaxar.Com, Inc. – FEI # 04-3520853**

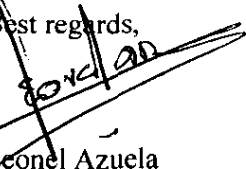
To whom it may concern:

I am writing with regard to a notice of Administrative Dissolution or Revocation that we have received (Document # F00000004339).

I wish to notify you that we did not receive the two prior UBR notices. We recently moved offices and changed administrative personnel.

I enclose the completed application for reinstatement, along with a cheque for \$150 to cover the filing fee.

Best regards,

  
Leonel Azuela  
Managing Director  
Quaxar