

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 26 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # G57735

1. Entity Name  
QUIGUI CORP.

W08-43325



Principal Place of Business  
244 S.W. 107TH AVE.  
MIAMI, FL 33174 US

Mailing Address  
782 N.W. 42 AVENUE  
428  
MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

777 N.W. 72 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3000

City & State

City & State  
Miami FLA.

Zip

Country

Zip

Country

30126

USA

08202008

REIN-P

CR2E098 (1/07)

4. FEI Number

59-2334469

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRES, MANUEL  
244 S.W. 107TH AVENUE  
MIAMI, FL 33174

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME TORRES, MANUEL  
STREET ADDRESS 244 S.W. 107TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33174

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

200138287342  
11/26/08--01029--009 \*\*908.75

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Manuel A. Torres President 9/15/08 (205) 442-1093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/26/08