

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **H57735**

1. Corporation Name

QZ, INC.

Principal Place of Business

DIAGEO INC
200 S SIXTH ST
MINNEAPOLIS MN 55402

Mailing Address

DIAGEO INC
200 S SIXTH ST
MINNEAPOLIS MN 55402

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

05/20/1985

5. FEI Number

59-2539432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

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
DP	Novak, Paul	17777 OLD CUTLER DR	MIAMI FL 33157
AS	Miller, Bruce	6 LANDMARK SQUARE	STAMFORD, CT 06901
DIT	Bellantoni, Maureen	17777 OLD CUTLER ROAD	MIAMI FL
DVS	Blum, W. Barney	17777 OLD CUTLER RD	MIAMI FL 33157
VAS	Moralejo, Tony	17777 OLD CUTLER RD	MIAMI FL 33157
VAS	Prusner, Craig	17777 OLD CUTLER RD	MIAMI FL 33157

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
200004733172--1	
Suite, Apt. #, Etc.	
-12/19/01--01060--004	
****750.00 ****750.00	
City	State Zip Code
FL	

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/31/01

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 #

10/19/01 (612) 330-4417

QZ, INC.
Effective September 21, 2001

DIRECTORS

Maureen B. Bellantoni
W. Barry Blum
Paul Novak
Julio Ramirez

OFFICERS

President
Vice President and Treasurer
Vice President and Secretary
Vice President
Vice President and Assistant Secretary
Vice President and Assistant Secretary
Vice President and Assistant Secretary
Assistant Secretary

Paul Novak
Maureen B. Bellantoni
W. Barry Blum
Amy Knights
Tony Moralejo
Craig Prusher
Elsie Romero
Bruce Miller