

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 20 PM 3:15

DOCUMENT #

J30698

1. Corporation Name

QUICK HELP SERVICES INCORPORATED
7455 N.E 2ND AVE
MIAMI, FL 33138

2. Principal Office Address

7455 N.E 2ND AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33138

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33138

Country

REINSTATEMENT 00-01

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

5. FEI Number

59-2743039

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

ALTAGRACIA GOMEZ

400003783074

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

1901 N.W SOUTH RIVER DR #22

***\$900.00

***\$900.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

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

Altagracia Gomez

REGISTERED AGENT MUST SIGN

Date

1/30/01

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
P	Antonio Teijeiro	7455 N.E 2ND AVE PRESIDENT	MIAMI, FL 33138
T	ALTAGRACIA GOMEZ	7455 N.E 2nd AVE VICE PRESIDENT	MIAMI, FL 33138
S	JOSE A. TEIJEIRO	7455 N.E 2nd AVE SECRETARY	MIAMI, FL 33138
T	LUIS A. TEIJEIRO	7455 N.E 2nd AVE TREASURER	MIAMI, FL 33138

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 607.04(1) or 617.04(1), 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:

Altagracia Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/01 305-756-5116

Daytime Phone #

CR2E081 (9/00)