

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

00 OCT 27 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # JS8603

1. Corporation Name  
Quip Systems, Inc.

800003464778--6  
-11/15/00--01093--D14  
\*\*\*\*750.00 \*\*\*\*750.00

2. Principal Office Address  
4800 N.W. 157th St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State

Zip  
33014

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-2802147

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  
CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and acknowledge the provisions of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent Barbara A Burke

**BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY**

Date 10 24 00

REGISTERED AGENT MUST SIGN

**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
PCEO	Anthony Peri	4800 N.W. 157th St.	Miami, FL 33014
CFO	Jeffrey Barocas	4800 N.W. 157th St.	Miami, FL 33014
D	Christer Sjogren	4800 N.W. 157th St.	Miami, FL 33014
D	Louis Kipp	4800 N.W. 157th St.	Miami, FL 33014
REINSTATEMENT 2000			

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 607.0401 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 #