

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 # 558603

1. Corporation Name
Quipp Systems, Inc.

800003464778--6
-11/15/00--01093--014
****750.00 ****750.00

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

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Miami FL

Zip Country
33014

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

50

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 accept the provisions of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
Barbara A Burke

REGISTERED AGENT MUST SIGN

Date
10 24 00

**BARBARA BURKE
SPECIAL ASSISTANT SECRETARY**

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 NW 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #