

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
May 16, 2002 8:00 A.
Secretary of State

DOCUMENT # K59300

1. Corporation Name

CALIFORNIA QUILTING, INC.

2. Principal Office Address

17 EAST 8TH. STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33010

Country

MIAMI-DADE

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

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

5. FEI Number

65-0101140

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

ADA NUNEZ

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

4525 WEST 20TH. AVENUE, # C-519

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

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**

Ada Nunez

Date MAY 14TH., 2002

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
PTD	ADA NUNEZ	4525 WEST 20TH. AVENUE, #-C-519	HIALEAH, FLORIDA 33012
VPD	JUAN E. DE LA NUEZ	151 EAST 8TH. STREET	HIALEAH, FLORIDA 33010

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:

Ada Nunez

ADANUNEZ, PRESIDENT

MAY 14/2002

(305) 885-8768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)