

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT -3 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L43175

1. Corporation Name

QUTSA, INC.

Qtsa, Inc.

2. Principal Office Address

8301 NW 177 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 173186

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33015

Country

MIAMI DADE

Zip

33017

Country

MIAMI DADE

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0183452

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

AYUB A. KHAN

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

8301 NW 177 Street

Suite, Apt. #, Etc.

Miami, FL

City

State
FL

Zip Code
33015

600003434446-9
-10/23/00--01016--016
****750.00 ****750.00

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

Ayub A. Khan

REGISTERED AGENT MUST SIGN

Date 10-02-00

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
<u>D</u>	<u>AYUB A. KHAN</u>	<u>8301 NW 177 Street</u>	<u>Miami, FL 33015</u>
<u>D</u>	<u>SOFIA KHAN</u>	<u>8301 NW 177 Street</u>	<u>Miami, FL 33015</u>

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:

Ayub A. Khan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-2-00

Date

Daytime Phone #