

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 20 PM 12:22
TAMPA, FLORIDA

DOCUMENT # L46786

1. Corporation Name

M S DE Q, INC.

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
18 BAYWOOD DR

3. Mailing Office Address
3225 S MACDILL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
129-237

City & State
PALM HARBOR, FL

City & State
TAMPA, FL

Zip
34683

Country
USA

Zip
33629

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
2/1/1990

5. FEI Number
59-2994904

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
SOROTA, JOSEPH J. JR

Street Address (P.O. Box Number is Not Acceptable)
28400 US HWY 19 NORTH 29750 US Hwy 19 No

Suite, Apt. #, Etc.
STE 504 200

City
CLEARWATER

State
FL

Zip Code
33761

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Joseph J. Sorota Jr
REGISTERED AGENT MUST SIGN

Date **6-14-07**

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	DE QUESADA, ALEJANDRO	3435 BAYSHORE BLVD #2100	TAMPA, FL 33629
D	SHIRES, DANA L.	409 BAYSHORE BLVD	TAMPA, FL 33606
ST	STOCKMAN, JOHN	18 BAYWOOD DR	PALM HARBOR, FL 34683
		<i>John Stockman</i>	
			300104742753 06/22/07--01040--003 **1050.00

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 contained in Chapter 119, 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:

John Stockman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John Stockman Treasurer

5/8/07
Date

Daytime Phone #