


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 FEB -5 PM 1:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L61782

1. Corporation Name
LA QUARTER INC.

2. Principal Office Address 21164 SW 112 AVE		3. Mailing Office Address 21164 SW 122 AVE	
Suite, Apt. #, etc. 205		Suite, Apt. #, etc. 205	
City & State MIAMI		City & State MIAMI	
Zip 33189	Country MIAMI-DADE	Zip 33189	Country MIAMI-DADE

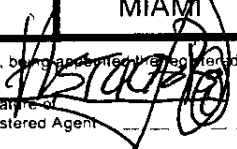
REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida 04/02/1990	
5. FEI Number 650156890	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name JUAN ASTACIO	
Street Address (P.O. Box Number is Not Acceptable)	21164 SW 112 AVE
Suite, Apt. #, Etc.	205
City	MIAMI
State	FL
Zip Code	33189

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.

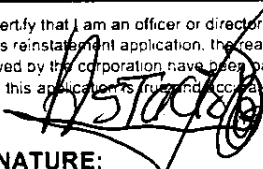
Signature of Registered Agent:  Date: **01/28/2004**

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
PD	JUAN ASTACIO	21164 SW 112 AVE #205	MIAMI, FL 33189

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:  Date: **01/28/2004** 786-356-8868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)