

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L75977

1. Corporation Name

A. M. Q. CORPORATION

Principal Place of Business

1800 NW 7 ST
1800 NW 7 STREET
MIAMI FL 33125
US

Mailing Address

1800 NW 7 ST
1800 NW 7 STREET
MIAMI FL 33125
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1800 NW 7 ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1800 NW 7 ST
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1990

5. FEI Number

65-0198229

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	QUIRANTES, ALBERTO M.	1800 NW 7 STREET	MIAMI FL

100004679231-2
-11/14/01--01082--014
***150.00 ***150.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent

QUIRANTES, ALBERTO M.
1800 NW 7 STREET
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

10/22/01

11. 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/01 305 644-1800

CR20040 (8/01)

A.M.Q. Corporation
1800 N.W. 7th Street
Miami, Florida 33125
(305) 644-1800
Fax: (305) 644-1999

October 22, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Application for Reinstatement
Document Number: L75977

Dear Sir or Madam:

Due to an error on the mailing label of the package you sent this year, this corporation has never received the annual report form/uniform business report or the notice that it will be dissolved/revoked for not filing, for the year 2001.

Please note that our address is not 1898 NW 7 Street, it was formally changed with your office years ago. For several years, you have mailed the form to my office at the correct address. This year, for unknown reasons, the old address appears below the new address, and the post office has not delivered any package from your office to us.

The red Notice of Administrative Dissolution was sent to the old address and brought over to me by the occupant of that address today. We were not aware that the fee and report had not been paid.

Since 5/21/1990 we have timely filed our reports. The only reason this one was not filed was because we did not receive it.

I am enclosing this year's report with the fee of \$150, and this, my request that you return this corporation to "active" status.

Thank you for your time and attention to this matter.

Sincerely,



Albert M. Quirantes, Esq.
President, A.M.Q. Corporation