

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # M01000002641

Name and Mailing Address

02 OCT 29 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006774 01 FP 0.352 **PRST T1 0 0615 07054-270599



QPA, L.L.C.

700 LANIDEX PLAZA

PARSIPPANY NJ 07054-2705



2. New Mailing Address

City, State, Zip

Principal Place of Business

700 LANIDEX PLAZA
PARSIPPANY NJ 07054

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

NJ

5. Date Organized or Qualified
To Do Business in Florida

11/20/2001

6. FEI Number

22-3430404

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

NICOT, CARLOS
8125 N.W. 53RD ST., STE. 110
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

REINSTATEMENT

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/23/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
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MGRM	CANNISH, ROBIN	700 LANIDEX PLAZA	PARSIPPANY NJ 07054
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900008666179

10/29/02--01083--017 **150.00

10/30/02

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

10/24/02

Daytime Phone #

973 515-2220

Typed or printed name of signing Managing Member/Manager

MATTHEW J. GUARDIA - CEO

CR2E084 (8/02)