

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 APR -6 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M71476

1. Corporation Name

W.T.Q.INC.

**REINSTATEMENT** 08-10

800174537568  
04/06/10--01002--012 \*\*450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

60 SW 5th St.

3. Mailing Office Address

60 SW 5th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Bch FL

City & State

Pompano Bch FL

Zip

33060

Country

Broward

Zip

33060

Country

Broward

4. Date Incorporated or Qualified

To Do Business in Florida 03/04/1988

5. FEI Number

65-0033684

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

William T Quatromoni

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

60 SW 5th St

Suite, Apt. #, Etc.

City

Pompano Bch

State

FL

Zip Code

33060

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

*W.T.Q.*

REGISTERED AGENT MUST SIGN

Date 03/31/2010

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
PVST	William T Quatromoni	60 SW 5th St	Pompano Bch FL 33060

*W 4/7*

10. E-mail Address: bbautomachining@comcast.net

(To be used for future annual report notification)

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, I further certify, 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:

*W.T.Q.*

William T Quatromoni

03/31/2010 954-781-5403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #