

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 JAN 18 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11062007 REIN-NP CR2E099 (1/07)

4. FEI Number **20-8291742** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, JOSE
14106 SOUTH BREEZE COURT
ORLANDO, FL 32824

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P,D ☐ Delete
NAME QUINTANA, JOSE
STREET ADDRESS 14106 SOUTH BREEZE COURT
CITY-ST-ZIP ORLANDO, FL 32824

TITLE VP,D ☐ Delete
NAME QUINTANA, RUBENCIO
STREET ADDRESS 14106 SOUTH BREEZE COURT
CITY-ST-ZIP ORLANDO, FL 32824

TITLE S ☐ Delete
NAME MARTINEZ, GLENDA
STREET ADDRESS 14106 SOUTH BREEZE COURT
CITY-ST-ZIP ORLANDO, FL 32824

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **900115514639**
CITY-ST-ZIP **01/18/08--01025--001 **131.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **REINSTATEMENT 07-08^{KS}**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another title empowered.

SIGNATURE: Jose R. Quintana **JOSE R. QUINTANA** 1/11/08 407-438-7409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #