

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


1 of 2

FILED

02 JAN 17 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35634

1. Corporation Name
Q. R. CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address 18543 SW 104 AVE		3. Mailing Office Address 18543 SW 104 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33157	Country USA	Zip 33157	Country USA

2001-2002 UBF

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0176597

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
RICARDO DE LEO

Street Address (P.O. Box Number Is Not Acceptable)
18543 SW 104 AVE.

Suite, Apt. #, Etc.

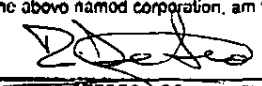
City
MIAMI

State
FL

Zip Code
33157

9000004883523-3
-02/06/02--01069-006
****122.50 **** 22.50

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 1/10/02

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
D	RICARDO DE LEO	18543 SW 104 AVE	MIAMI/FL/33157
D	SANTO DE LEO	" " " "	" " "
D	ROBERTO DE LEO	" " " "	" " "

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)(l), 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:  01.15.2002 305 254 0779

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

CR2001 (9/97)

282

Q.R. CONDOMINIUM ASSOCIATION, INC.

Florida Department of State
Division of Corporations
Tallahassee, Florida.

Date: January 15, 2002

Re: Reinstatement Dct.# N35634

Dear Sirs:

It has been two years that you were sending the annual report form to an address which contains a building under construction. Even though the address indicated in the box No. 7 is still correct the mail was always sent to an old building that was demolished.

Please, make note that the physical location for the Q.R. Condominium Association, Inc. is at: 18543 SW 104th Avenue, Miami, Florida 33157.

Thank you for your attention to this matter.

Sincerely,



Ricardo De Leo
Manager