

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017411

1. Corporation Name

QUOTECONNECT INC.

Principal Place of Business

4021 NORTH MERIDIAN AVENUE
MIAMI BEACH FL 33140

Mailing Address

4021 NORTH MERIDIAN AVENUE
MIAMI BEACH FL 33140

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

2. New Principal Office Address, If Applicable

1570 Madrya Avenue

Suite, Apt. #, etc.

Suite 201
Coral Gables, FL

Zip

33146

Country

USA

3. New Mailing Office Address, If Applicable

4501 Prairie Avenue

Suite, Apt. #, etc.

#2
Miami Beach, FL

Zip

33140

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/2000

5. FEI Number

65-1007126

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GORDON, CHRISTOPHER	4021 NORTH MERIDIAN AVE	MIAMI FL 33140

8. Name and Address of Current Registered Agent

GORDON, CHRISTOPHER
4021 NORTH MERIDIAN AVENUE
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name Gordon, Christopher
Street Address (P.O. Box Number is Not Acceptable)
4501 Prairie Avenue
Suite, Apt. #, Etc.
#2
City Miami Beach
State FL
Zip Code 33140

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/20/03

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher M. Gordon

Date

10/20/03 (305) 662-7212

Daytime Phone #

CR20040 (7/03)



October 20, 2003

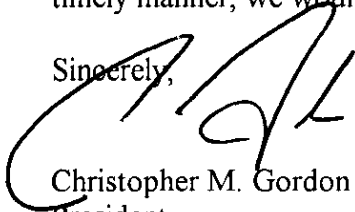
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Request to Waive Reinstatement Fee for QuoteConnect, Inc.

To Whom It May Concern:

Enclosed is the Application for Reinstatement (Document #P00000017411) and the UBR filing fee check #1695 in the amount of \$150.00 for QuoteConnect, Inc. (FEI #65-1007126.) We are requesting that the reinstatement fee please be waived, because we did not receive the prior UBR notices. While we realize it is our responsibility to file in a timely manner, we would greatly appreciate your consideration.

Sincerely,



Christopher M. Gordon
President

Enclosures