

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000071675**

1. Corporation Name

HAVANA QUEST INC.

Principal Place of Business

Mailing Address

**3450 SOUTH ICEAN BLVD.
APT 219
PALM BEACH FL 33480**

**3450 SOUTH ICEAN BLVD.
APT 219
PALM BEACH FL 33480**

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

2. New Principal Office Address, If Applicable

120 S. Olive Ave

Suite, Apt. #, etc.

STE 102

City & State

West Palm Beach FL

Zip **33401**

Country

3. New Mailing Office Address, If Applicable

120 S. Olive Ave Ste 102

Suite, Apt. #, etc.

W. P. B. Florida

City & State

Zip **33401**

Country

4. Date incorporated or Qualified
To Do Business in Florida

07/26/2000

5. FEI Number

65-1029938

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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
D	FLORES, CARLOS	3450 SOUTH OCEAN BLVD. APT 219	PALM BEACH FL 33480
D	FLORES, KIM MARIE	3450 SOUTH OCEAN BLVD. APT 219	PALM BEACH FL 33480
			800004719948-6 -12/12/01--01013--005 ****750.00 ****750.00
			11LS

8. Name and Address of Current Registered Agent

**FLORES, KIM MARIE
3450 SOUTH ICEAN BLVD.
APT-219
PALM BEACH FL 33480**

9. Name and Address of New Registered Agent

Name

Kim Flores

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

120 S. Olive Ave Ste 102

Suite, Apt. #, Etc.

West Palm Beach

City

State
FL

Zip Code

33401

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/22/01

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] **Kim Flores**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/01

Daytime Phone #

561-805-5800

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01

CR2040 (8/01)