

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 FEB 15 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076299

1. Corporation Name BARQUIN ENTERPRISES, INC  
DBA QUIZNOL'S

2. Principal Office Address

2975 BRIDLEWOOD DR

Suite, Apt. #, etc.

3. Mailing Office Address

31483 US HWY 19

Suite, Apt. #, etc.

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

Zip

34683

Country

FLORIDA

Zip

34684

Country

FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/00

5. FEI Number

59-3683172

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

JOSE BARQUIN

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

2975 BRIDLEWOOD DR

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34683

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

Jose Barquin

REGISTERED AGENT MUST SIGN

Date

2-10-02

**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
PRES	JOSE BARQUIN	2975 BRIDLEWOOD DR	P.H. FL 34683
V.P.	LISSETTE BARQUIN	2975 BRIDLEWOOD DR	P.H. FL 34683

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)(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:

Jose Barquin owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02

Date

727-8081582

Daytime Phone #

CR2E081 (9/00)

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November 12, 2001

Florida Department of State  
Stacy Prather  
Document Specialist

Subject: Barquin Enterprises, Inc.  
Ref. Number: P00000076299

This letter is in reference to the enclosed letter I received dated November 1st with a returned check denying my renewal for failure to file its 2001 corporate annual report/uniform business report form.

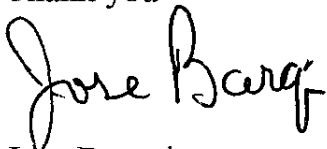
I would like you to reconsider accepting my check for \$150.00. I am a new franchise business owner. This has been my first year in business. I have been running a business on my own for the first time, and at the same time learning about all the paper work and documents that goes with owning your business.

There was a misunderstanding with this transaction. I originally made a payment in December of 2000. I officially opened for business December 15th. I assumed that when I paid in December having only two weeks left in the year 2000, that I was paid up for the year. I assumed my next payment would be due December of 2001. Furthermore, no form was ever mailed to my business address, and I had no knowledge that I owed for the year 2001.

I ask you to please take a moment and reconsider. I am new at this, and times are tough at the moment. My business has struggled financially this past year and now with our economy it only seems to be getting worse.

If you should have any further questions, please call me at (727) 771-7008 or (727) 808-1582.

Thank you



Jose Barquin  
Owner /Operator