

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 18 PM 12:00

DOCUMENT # **P00000079141**

1. Corporation Name

QUINTANA HOLDINGS, INC.

Principal Place of Business

Mailing Address

1800 SW 1 STREET
 SUITE 212
 MIAMI FL 33135

1800 SW 1 STREET
 SUITE 212
 MIAMI FL 33135

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01



4. Date Incorporated or Qualified To Do Business in Florida

08/22/2000

5. FEI Number

65-1045186

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	QUINTANA, OSWALD	1800 SW 1 STREET SUITE 212	MIAMI FL 33135
VPSD	QUINTANA, WILFREDO	1800 SW 1 STREET SUITE 212	MIAMI FL 33135

700004658087--7
 10/29/01 01102 000
 ****750.00 ****750.00

JA 10/26

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUINTANA, WILFREDO
 1800 SW 1 STREET
 SUITE 212
 MIAMI FL 33135

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Wilfredo Quintana
 REGISTERED AGENT MUST SIGN

Date 10-10-2001

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)(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:

Wilfredo Quintana
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-2001

Date

305-541-0666

Daytime Phone #

CR2E040 (8/01)