

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 18 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Reign
2003-05 *[Signature]*

DOCUMENT # P 00000079141

1. Corporation Name
QUINTANA HOLDINGS, INC.

2. Principal Office Address
6301 COLLINS AVE

3. Mailing Office Address
6301 COLLINS AVE

Suite, Apt. #, etc.
SUITE # 2707

Suite, Apt. #, etc.
SUITE 2707

City & State
MIAMI BEACH, FL.

City & State
MIAMI Bch, FL

Zip
33143

Country
USA

Zip
33143

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida
AUG 22, 2000

5. FEI Number
651045186

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
WILFREDO QUINTANA

Street Address (P.O. Box Number is Not Acceptable)
~~2057~~ 6301 COLLINS AVE

400058743434
08/18/05--01062--001 **1058 75

Suite, Apt. #, Etc.
2707

City
MIAMI BEACH FL.

State
FL

Zip Code
33143

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
[Signature]
REGISTERED AGENT MUST SIGN

Date
AUG 17/05

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
P.	OSWALD QUINTANA	8005 SW 79th Terrace	MIAMI, FL 33144
VST	WILFREDO QUINTANA	6301 COLLINS AVE # 2707	MIAMI Bch, 33143

[Signature]
8/19

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: OSWALD QUINTANA *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
AUG 17/05
786-305
-6409
Daytime Phone #

CR2E081 (07/05)