

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 AUG -5 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P000000 94309*

1. Corporation Name

QUINVILK 2 INDUSTRIES SUPPLIES, INC

2. Principal Office Address

982 SUNFLOWER CIRCLE

3. Mailing Office Address

982 SUNFLOWER CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL.

City & State

WESTON, FL

Zip

33327

Country

U.S.A

Zip

33327

Country

U.S.A

700007114197--5

-08/14/02--01072--001

****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/5/2000

5. FEI Number

47-0880049

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

DAVID J. HART, P.A.

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

21 SOUTHEAST FIRST AVENUE

Suite, Apt. #, Etc.

TENTH FLOOR

City

MIAMI

State

FL

Zip Code

33131

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

David J. Hart, P.A.

Date

8/1/02

REGISTERED AGENT MUST SIGN

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
<i>D</i>	<i>CARMEN VILCHEZ DE QUINTERO</i>	<i>982 SUNFLOWER CIRCLE</i>	<i>WESTON, FL. 33327</i>
<i>D/P</i>	<i>BRADDLY RICARDO QUINTERO</i>	<i>982 SUNFLOWER CIRCLE</i>	<i>WESTON, FL. 33327</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/2/02

Daytime Phone #

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. QUINVILK 2 INDUSTRIES SUPPLIES, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

RECEIVED
02 AUG -5 AM 10:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

6163 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33161
Tel 305-823-9292 - Fax 305-824-0703

ASSOCIATED TAX CONSULTANTS, INC.

August 1, 2002

QUINVILK2 INDUSTRIES SUPPLIES, INC.
982 SUNFLOWER CIRCLE
WESTON, FL 33327
Doc locator # P00000094309
Federal ID # 47-0880049

REF: REINSTATEMENT &
LATE FEE WAVIER

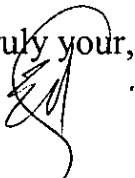
To Whom It May Concern:

As per your instructions we are submitting a Corporate Reinstatement form for QUINVILK2 INDUSTRIES SUPPLIES, INC., with the address of 982 SUNFLOWER CIRCLE, for your approval. Enclosed please find a check for \$ 300.00 as requested by Tyrone.

We are also respectfully requesting a Late Fee Wavier due to the fact that our client never received their Annual Report (UBR), please note their new address and the Registered Agents new address on the CORPORATE REINSTATEMENT FORM.

If we can assist you of further information please contact us at 305-823-9292.

Very truly your,



Edward Garcia, BBA, EA

Enrolled to practice before the
Internal Revenue Service

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