

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063155

1. Corporation Name

J.A. QUINTANA INC.

Principal Place of Business

7971 NW 186 TERR
MIAMI FL 33015

Mailing Address

7971 NW 186 TERR
MIAMI FL 33015



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

651115844

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
PD	QUINTANA, JULIO A	7971 NW 186 TERR	MIAMI FL 33015

800009005998
11/14/02--01067--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUINTANA, JULIO A
7971 NW 186 TERR
MIAMI FL 33015

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/29/2002

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/2002 (305) 622-2165
Date Daytime Phone #

CR2E040 (8/02)



J.A. Quintana, Inc.
Professional Land Surveyor and Mapper

October 23, 2002

Florida Department of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: *Julio Quintana, Inc.*
Document # P01000063155

Dear Sir or Madam:


Please accept this letter as my notification that I never received prior uniform business report notices since the above referenced corporation was established in June of 2001. This notice was the first of any correspondence received by your department.

As instructed in your notice we are sending you this letter to cordially request that you waive the reinstatement fee and check for \$150.00 is enclosed in order to file our report without a penalty.

We anticipate that our 2003 Business Report Form will be forthcoming so that we may file it within the deadline period stated in your received notice in order to comply to the rules and regulations of the state.

Thanking you in advance for your cooperation.

Sincerely,


Julio A. Quintana
President
Encls.