

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 25 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000073719

1. Corporation Name

QUIRON, INC

2. Principal Office Address

6072 Willowpointe Cir.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32822

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

04-24-03 01039 018 \$300.00

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/2001

5. FEI Number

59-3761039

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

MARIA ELENA ZAMUDIO

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

6072 Willowpointe Cir.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32822

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

8/15/03

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
PSTD	LUZ M. SERENO	12471 CASTLEMAIN TRL	Orlando, FL 33102

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/03

Date

(407) 737-9193

Daytime Phone #

CR2E081 (10/02)

August 15, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

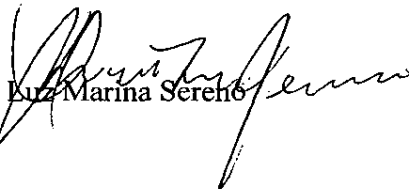
To Whom It May Concern:

-----This letter is in reference to the UBR of the company QUIRON, INC. with EIN 59-
3761039 and Document # P01000073719.

We sent the \$300.00 to reinstate the company, and now we are sending this letter to ask
the department to waive the penalties, including a copy of the UBR.

If you need any additional information please contact me at (407)737-9193.

Best regards,


Luz Marina Sereno

P.D. ATTACHED IS A COPY OF A CERTIFIED MAIL RECEIPT SIGNED
BY GRACIE PENTON AND YOU DON'T HAVE THE LETTER
-----PLEASE CHECK WITH THIS PERSON.-----

P.S. THE REASON WE'RE FILING LATE IS BECAUSE WE NEVER
GOT THE UBR. THE COMPANY ADDRESS CHANGED BUT
WE CHANGE IT AT THE POST OFFICE. STILL WE NEVER
GOT THE REPORT. THANKS.