

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 OCT 29 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102009

1. Corporation Name

UBQT, INC.

Principal Place of Business

P. O. BOX 121023
W. MELBOURNE FL 32912-1023

Mailing Address

P. O. BOX 121023
W. MELBOURNE FL 32912-1023

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/2001

5. FEI Number

01-0601113

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
P	JOSE F. PASCUAL-AMADEO	3851 PEACOCK DRIVE	W. MELBOURNE, FL 32904
V	CARMEN L. BARRAGAN-PASCUAL	3851 PEACOCK DRIVE	W. MELBOURNE, FL 32904

100008684131
10/29/02--01177--006 **8.75

8. Name and Address of Current Registered Agent

PSCUAL-AMADEO, JOSE F
3851 PEACOCK DRIVE
MELBOURNE FL 32904

9. Name and Address of New Registered Agent

Name

PASCUAL-AMADEO, JOSE F

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

3851 PEACOCK DRIVE

Suite, Apt. #, Etc.

MELBOURNE

City

MELBOURNE

State

FL

Zip Code

32904

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

REGISTERED AGENT MUST SIGN

Date 22-OCT-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22-OCT-2002

Date

321.431.5172

Daytime Phone #

CR2E040 (8/02)