

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APR 26 AM 8:21

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

102-20560
Q & P Brothers FL, INC500034546625
04/29/04--01016--002 **150.00

REINSTATEMENT 03-04

2. Principal Office Address

1080 SW 46th AV

3. Mailing Office Address

1080 SW 46th AV

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

Pompano Beach, FLORIDA

City & State

Pompano Beach, FLORIDA

Zip

33069

Country

U.S.A.

Zip

33069

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/02

5. FEI Number

320053999

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐36.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Johanna Hernandez

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

14161 SW 121 PL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

Johanna Hernandez

REGISTERED AGENT MUST SIGN

Date: 04/21/04

9. Names and Direct 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	Sonia Maccano	1080 SW 46th AV #204	Pompano Beach, FL 33069

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 118.07(3)(f), 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

Sonia Maccano

Date

04/21/04 954920233

Daytime Phone #

CDE0001 (01/04)

2

Q and P Brothers FL, Inc.
1080 SW 46 Ave. - Suite 204
Pompano Beach, FL 33069

April 21, 2004

Department of State
Division of Corporations
409 East Gaines
Tallahassee, FL 32399

Dear Sirs:

As advised by one of your representatives, namely Justin at (850) 245-6056 on April 19, 2004, we are sending an original Corporation Reinstatement form and a \$150.00 check for the processing of the reinstatement of our organization. In August of 2003 these documents were previously submitted with the Division of Corporations; we sent a request for waiver of late fee - due to non receipt of our first Uniform Business Report form- along with check #111 in the amount of \$150.00. At that time, we were advised that the corporation's status would be amended to "Active" but instead it now shows "Administrative Dissolution for Annual Report".

We trust now that the documents are in the proper department for speedy processing. Your assistance in processing this request is greatly appreciated.

Should you require further assistance, I can be reached at (954) 972-0233.

Sincerely,



Sonia Marciano
President