

PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN 28 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000089822

1. Corporation Name

E. Q. III, INC

2. Principal Office Address

3245 NW 80 TERRACE

3. Mailing Office Address

3245 NW 80 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33147

Country

USA

Zip

33147

Country

USA

4. Date Incorporated or Qualified -  
To Do Business in Florida

08/19/2002

5. FEI Number

30-0103906

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

EARNEST P QUINN

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

3245 NW 80 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

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

*Earnest P. Quinn*

Date

6/23/04

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
P	EARNEST P QUINN	3245 NW 80 TERRACE	MIAMI, FL 33147

400038394594  
06/28/04--01077--001 \*\*150.00

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:

*Earnest P. Quinn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/23/04

Daytime Phone #

CR2E081 (01/04)

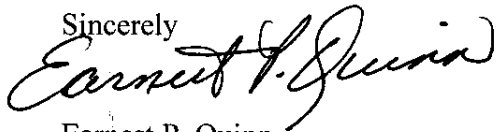
B 202

June 23, 2004

To whom it may concern:

In reference to the incorporation of E. Q. III, Inc having not filling its Annual Report for the year of 2004. The company did not received the Annual Report Notice until 6/20/2004 because notice was delivered to another address to the neighbors house who finally gave us our mail on 6/20/2004. We are requesting that our incorporation be reinstated as we remit the \$ 150.00 annual report fee. Thanking you in advance for your help in this matter

Sincerely

A handwritten signature in cursive script, appearing to read "Earnest P. Quinn".

Earnest P. Quinn  
President