

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000094561**

1. Corporation Name

QUINCELLO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

982 E. JEFFERY STREET
 BOCA RATON FL 33487

982 E. JEFFERY STREET
 BOCA RATON FL 33487



REINSTATEMENT 03/18/03

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

08/30/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

81-0565698

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
VP	QUINONES, EDWIN A	982 E. JEFFERY STREET	BOCA RATON FL 33487
VP	MONTICELLO, NANCY O	982 E. JEFFERY STREET	BOCA RATON FL 33487

300023968253
 10/21/03--01058--008 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAIM RESTREPO, PA
~~2000 BANKS ROAD~~
~~203~~
 MARGATE FL 33063

Name

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

5423 NW 55 TER

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33073

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

Jaime Restrepo
 REGISTERED AGENT MUST SIGN

Date

10/13/03

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)(l), 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

10/13/03

Date

Daytime Phone #

CR2E040 (7/03)

Jaime Restrepo
5423 NW 55th Terrace
Coconut Creek, FL 33073

October 13, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Quincello Enterprises, Inc P02000094561

Please be advised that my office did NOT receive any UBR notices at either my office or place of residence. Consequently, the corporation referenced above did not file its annual report.

We hereby request that the corporation be re-instated and that penalty be waived.

Respectfully yours,

A handwritten signature in cursive script that reads "Jaime Restrepo". The signature is written in black ink and is positioned above the printed name.

Jaime Restrepo

Edwin Quinones
982 East Jeffery St.
Boca Raton, FL. 33487

October 14, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

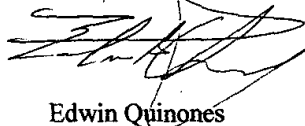
RE: Quincello Enterprises, Inc. P02000094561

To Whom It May Concern:

Be advised we did NOT receive any UBR notices at the mailing address registered with our corporation. Therefore, we were not able to file the annual report.

We hereby request that the corporation be re-instated and that penalty be waived.

Truthfully yours,



Edwin Quinones
VP