

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -3 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000100505

1. Corporation Name

QUINONES TRAVEL CORP.
28728 S DIXIE HIGHWAY, HOMESTEAD FL 33033

2. Principal Office Address

28728 S DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33033

Country

3. Mailing Office Address

28728 S DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33033

Country

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

5. FEI Number

65-0216269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

JOSE QUINONES

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

28728 S DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33033

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

REGISTERED AGENT MUST SIGN

Date

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/T	JOSE QUINONES	29482 SW 193 CT	HOMESTEAD FL 33030
VP/SEC	CARMEN M QUINONES	29482 SW 193 CT	HOMESTEAD FL 33030

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:

Jose Quinones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 10/17

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000100505

1. Corporation Name

QUINONES TRAVEL CORP
28728 S DIXIE HIGHWAY, HOMESTEAD FL 33033

2. Principal Office Address

28728 S DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33033

Country

3. Mailing Office Address

28728 S DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33033

Country

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

5. FEI Number

65-0216269

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

JOSE QUINONES

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

28728 S DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33033

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

Date

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/T	JOSE QUINONES	29482 SW 193 CT	HOMESTEAD FL 33030
VP/SEC	CARMEN M QUINONES	29482 SW 193 CT	HOMESTEAD FL 33030

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/17