

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 15 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000068018

1. Corporation Name

RAFAEL D. QUIROZ, INC

2. Principal Office Address

2749 CORINTH CT

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32817

Country

3. Mailing Office Address

2749 CORINTH CT

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32817

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

57-1172657

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

RAFAEL D. QUIROZ

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

2749 CORINTH CT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32817

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/10/05

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	RAFAEL D. QUIROZ	2749 CORINTH CT	ORLANDO FL 32817
V	KARIN G. VARGAS	2749 CORINTH CT	ORLANDO FL 32817

REINSTATEMENT 04-05

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

11/10/05 321-388-2284

Daytime Phone #

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**RAFAEL D. QUIROZ, INC.**


P03000068018  
2749 Corinth Ct.  
Orlando, FL 32817  
(321) 388-2284

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To Whom It May Concern,

This letter is to request removal of reinstatement penalties put upon my corporation. I did not receive the annual reports for the years 2004 and 2005 and that is why I did not make the annual payments. Now, I wish to reinstate my corporation and will pay previous unpaid annual reports. Attached to this letter you will find a check of \$300.00 for unpaid annual reports. If you have any questions, please do not hesitate to contact me.

Sincerely,

  
Rafael D. Quiroz  
President