

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000099206

1. Corporation Name

QUALITY TRANSPORT & EQUIPMENT INC.

2. Principal Office Address

9361 NW 19TH STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

Zip

33024-3107

Country

USA

3. Mailing Office Address

9361 NW 19TH STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

Zip

33024-3107

Country

USA

REINSTATEMENT 04

4. Date Incorporated or Qualified  
To Do Business in Florida 09/10/2003

5. FEI Number  
20-0215956

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

HORTA, JESUS

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

9361 NW 19TH STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33024-3107

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 11/16/2004

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
PD	HORTA, JESUS	9361 NW 19TH STREET	PEMBROKE PINES, FL 33024
VD	HORTA, ROSA	9361 NW 19TH STREET	PEMBROKE PINES, FL 33024

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

11/16/2004

Date

Daytime Phone #

CR2E081 (01/04)

Homestead, Florida  
November 2004

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

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Re: P03000099206  
QUALITY TRANSPORT & EQUIPMENT INC.  
9361 NW 19<sup>TH</sup> STREET  
PEMBROKE PINES, FL 33024-3107

To Whom It May Concern:

This letter intends to inform you that our 2004 Annual Report was not filed due to the fact that we never received such notice to file. Upon your request I am enclosing the Corporation Reinstatement. Enclose is a payment of \$150.00 dollars as per your request.

Please be so kind to waive any late fees that I might have and to put this corporation in its current status.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,



JESUS HORTA  
PRESIDENT