

# 2004 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000106854

1. Entity Name  
FQ KITCHEN CORP.



FILED

05 JAN 10 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12082004 REIN-P CR2E098 (6/04)

4. FEI Number  
06-1709891  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

QUINTANA, JOSE A  
9550 NW 79TH AVE BAY #17  
HIALEAH GARDEN, FL 33016

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME QUINTANA, JOSE A  
STREET ADDRESS 9550 NW 79TH AVE BAY #17  
CITY-ST-ZIP HIALEAH GARDEN, FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 100043482221  
CITY-ST-ZIP 12/17/04--01006--005 \*\*158.75 ☐ Change ☐ Addition

TITLE T  
NAME FRANCISO, EDDY  
STREET ADDRESS 9550 NW 79TH AVE BAY #17  
CITY-ST-ZIP HIALEAH GARDEN, FL 33016 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

QUINTANA, A. Jose 12/17/04 786-412-3909

Date

Daytime Phone #