

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 30 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700095816987
04/05/07--01004--002 **450.00

DOCUMENT # P04000069619

1. Corporation Name

QUICK INT'L SUPPLY, CORP.

2. Principal Office Address - No P.O. Box #

15026 SW 113 STREET

3. Mailing Office Address

15026 SW 113 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

Zip

33196

Country

REINSTATEMENT 05-07
CR25081 (4/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04-28-04

5. FEI Number

☒ 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
GINA URUETA

Street Address (P.O. Box Number is Not Acceptable)
15026 SW 113 STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33196

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Gina Urueta

Date 03-29-07

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/D | GINA URUETA | 15026 SW 113 STREET | MIAMI, FL 33196 |
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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 contained in Chapter 119, 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:

Gina Urueta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-07

Date

Daytime Phone #