

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAR 11 AM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P04000149013

1. Corporation Name

Quality Express Auto Service Inc

400121199354  
03/25/08--01022--017 \*\*450.00

REINSTATEMENT  
CR2E081 (4/07)

06-08<sup>KS</sup>

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

13903 NW 66 AV

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#430

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

33014

Country

FL

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

201819032

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

CESAR COLON

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

13903 NW 66 AV

Suite, Apt. #, Etc.

#430

City

MIAMI

State

FL

Zip Code

33014

☒ 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

CESAR COLON

Date 03/10/2008

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	CESAR COLON	13903 NW 66 AV #430	MIAMI FL, 33014

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:

CESAR COLON

03/10/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #