

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000016386

1. Corporation Name

QI Elements inc.

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

2311 SW 24 St

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33145

Country

USA

3. Mailing Office Address

2311 SW 24 St

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33145

Country

USA

7. Name and Address of Current Registered Agent

Name

Alex Berg

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

2311 SW 24 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

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 5-12-2008

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 |
|--------|--------------------------------------|---|--------------------|
| PR | GERMAN Alex Cuervo Berg | 2311 SW 24 Street | Miami FL 33145 |
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/2008 305 775-4023
Date Daytime Phone #

FILED

08 MAY 14 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700129489187
05/14/08--01047--004 **450.00

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 2/01/2005

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.