

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT 17 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200137017172
10/17/08--01035--006 **458.75

CR2E081 (10/08)

DOCUMENT # P050000161298

1. Corporation Name

Quinonez, Sisters, Inc.

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

485 Jeri Drive

Suite, Apt. #, etc.

City & State

Green Cove Springs FL

Zip

32043

Country

USA

3. Mailing Office Address

485 Jeri Drive

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

Zip

32043

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/09/05

5. FEI Number

26-3404121

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

M. Brad Gibson, Esq

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

109 E. Bay Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/15/08

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	Martha Quinonez	485 Jeri Drive	Green Cove Springs FL
VP	Rosalba Quinones		" " " "

REINSTATEMENT
06-08
[Signature]

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:

Martha Quinonez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/08

Date

904-637-9295

Daytime Phone #