
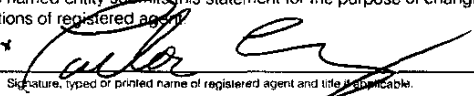
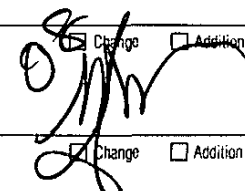
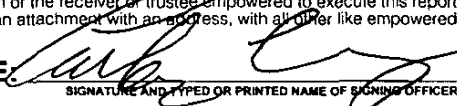


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 DEC -1 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000004217					
1. Entity Name CARLOS QUALITY DESIGN, INC.					
Principal Place of Business 10344 NW 31 AVE MIAMI, FL 33147			Mailing Address 10344 NW 31 AVE MIAMI, FL 33147		
2. Principal Place of Business - No P.O. Box # 10670 NW 123 ST RD		3. Mailing Address Same			
Suite, Apt. #, etc. 105		Suite, Apt. #, etc.			
City & State Medley FL		City & State FL		4. FEI Number APPLIED FOR 20-4104466 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33178	Country Dade	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRUZ, CARLOS 10344 NW 31 AVE MIAMI, FL 33147			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 				DATE 11/17/08	
<small>Signature, typed or printed name of registered agent and title, if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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 NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, CARLOS 10670 NW 124 ST ROAD MEDLEY, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRUZ CARLOS 10344 NW 31 AVE Miami FL 33147
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		800138345958 12/01/08--01071--003 **150.00
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 				Date 11/17/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	

786-3129759

Daytime Phone #