

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 AUG 20 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002947

1. Corporation Name

Quick & Cheap, Corp.

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

16300 SW 137 AVE

Suite, Apt. #, etc.

Unit 114

City & State

Miami, FL

Zip

33177

Country

U.S.

3. Mailing Office Address

16300 S.W. 137 AVE

Suite, Apt. #, etc.

UNIT #114

City & State

MIAMI, FL

Zip

33177

Country

U.S.

**REINSTATEMENT** 94-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

1994

5. FEI Number

65-0380157

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

Luis A. Fonte

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

20716 SW 240 st

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33031

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

5/15/07

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
<u>P</u>	<u>Luis A. Fonte</u>	<u>20716 SW 240 st</u>	<u>Homestead, FL 33031</u>
	<u>[Signature]</u>		

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]

Luis A. Fonte

5/15/07

Date

305-245-2191

305-245-2191

Daytime Phone #