

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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2007 JAN 11 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000053684

1. Corporation Name

D.Q.S., INC.

900084663459
01/17/07--01012--010 **450.00

2. Principal Office Address

1231 SW 74 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33144

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1994

5. FEI Number

65-0431814

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

RUBEN NICOLAS

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

329 SW 136 PL

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33184

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

Date 11/02/2006

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	FERNANDO T. PRIETO	1231 SW 74 AVE	MIAMI, FL 33144
D	RUBEN H. NICOLAS	1231 SW 74 AVE	MIAMI, FL 33144

B 11/12/07

REINSTATEMENT *OK*

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:

[Handwritten Signature]

Fernando Prieto

11/02/2006

305-266-5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DIRECT QUICK SERVICE

COURIER SERVICES

Tel: (305) 266-5355
Fax: (305) 266-3533

November 2, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32302

RE: D.Q.S., Inc. – Doc # P93000053684

Dear Sir/Ms:

Attached please find the reinstatement application and a check in the amount of \$450.00 to cover annual report and corporate supplemental fees from the year of dissolution/revocation to the current year. We respectfully request that the reinstatement fee be waived due to our non-receipt of the annual report notices in the year of dissolution/revocation. We recently became aware of the inactive status when an inquiry was done as part of a loan review process. Up to that moment we thought our filings were up to date. We will ensure to have all future filings done accurately and promptly.

Your assistance in this matter is greatly appreciated.

Sincerely,

Fernando Prieto