APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 23 AM 6:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P-940000154 01

1. Corporation Name: Quality International Trading

Principal Place of Business: 2210 NW 92 Ave Miami, Fl. 33172

Mailing Address:

REINSTATEMENT

65-052703 AD 9597

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
2210 NW 92 Ave	2210 NW 92 Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number [redacted] Applied For ☐ Not Applicable ☐
City & State: Miami FL	City & State: Miami, Fl	6. CERTIFICATE OF STATUS DESIRED ☒
Zip: 33172 County: Dade	Zip: 33172 County: Dade	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Carlos Maguiña	5753 NW 92 Ave	Miami, Fl 33178
Vice Pres.	Jaime Alvarez	9744 NW 4 Lane	Miami Fl 33172
Treasurer	Jose Maguiña	9901 NW 41 St.	Miami Fl 33178
Secretary	Rosa Maguiña	5753 NW 92 Ave	Miami, Fl 33178

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-04/29/97--01047--005
***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

Carlos Maguina.
5753 NW 92 Ave
Miami Fl. 33172

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: See page 2 for signature Date:
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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: See page 2 for Signature

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pge 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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DOCUMENT

1 Corporation Name *

Principal Place of Business | Mailing Address

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Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (12/95)

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Signature of Registered Agent _____ Date _____

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #