

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 11 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **P 940000 37221**

**REINSTATEMENT 03**

2. Principal Office Address

**15985 S.W. 112 Terrace**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**miami FLORIDA**

City & State

Zip Country

**33196 USA**

**7/9/03 90033 009 \$400.00**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

**65-0500718 031607**

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

**Joseph York**

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

**15985 S.W. 112 Terrace**

Suite, Apt. #, Etc.

**500024576585**

**11/10/03 01116 020 \*\*150.00**

City

**miami**

State

**FL**

Zip Code

**33196**

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

*Joseph York*

REGISTERED AGENT MUST SIGN

Date **11-5-03**

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
President	Joseph York	15985 S.W. 112 Terrace miami fl 33196	miami fl 33196

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 under section 119.07(3)(i), 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:

*Joseph York*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-5-03**

Date

**765-4675187**

Daytime Phone #

CR2E081 (10/02)

From:

Quantum Enterprises Inc.  
15985 SW 112 Terr  
Miami, FL 33196  
Ref .Number:P94000037221

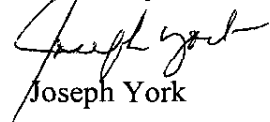
To:

Division of Corporations.  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern,

~~Please wave my Re-Instatement Fee as I never received the original or a second notice~~  
Uniform Business Report. I am enclosing the rest of the forms with the changes you  
requested as per your letter dated 11\13\2003. If you need to contact me regarding this  
matter please fell free to call me at: (305) 467- 5187

Sincerely,



Joseph York