

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 19 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083495

1. Corporation Name

Quintero Equipment, INC.

2. Principal Office Address

12631 S.W. 252 Terr.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 901711
Suite, Apt. #, etc.

City & State

Homestead, FL

Zip
33032

Country

City & State

Homestead, FL

Zip
33090

4. Date Incorporated or Qualified
To Do Business in Florida

11-14-1994

5. FEI Number

65-0583538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-05
WOP

Manuel Quintero 7. Name and Address of Current Registered Agent

Name

12631 S.W. 252 Terr.

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

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33032

800054208098

05/10/05--01045--011 **165 .75

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 4-12-05

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
PT	Quintero, Manuel	12631 S.W. 252 Terr	Homestead, FL 33032
VS	Quintero, Laura	12631 S.W. 252 Terr	Homestead, FL 33032

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:

Laura Quintero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05 (305) 257-4695

Date

Daytime Phone #

CR2E081 (01/05)