

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris,  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG 28 AM 6:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000034366

1. Corporation Name

QUANT CORPORATION  
1678 N.E. MIAMI GARDEN DR. HO#5  
MIAMI, FL 33179

2. Principal Office Address

1678 N.E. MIAMI GARDEN  
Suite, Apt. #, etc.  
5

City & State

MIAMI, FL

Zip

33179

Country

USA

3. Mailing Office Address

SAME  
Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

017109900020341500

4. Date Incorporated or Qualified  
To Do Business in Florida

4/19/96

5. FEI Number

65-0664508

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

Andrei Vasiliev 20001 N.E 10<sup>th</sup> Place

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

North Miami

Suite, Apt. #, Etc.

City

800003386678-3

-09/08/00--01052--026

\*\*\*\*250.00 \*\*\*\*250.00

State

FL

Zip Code

33179

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 07.28.00

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
Pres.	Andrei Vasiliev	20001 N.E 10 <sup>th</sup> Pl	N.M. FL 33179
			<u>800003386678-3</u> <u>-09/08/00--01052--026</u> <u>****500.00 ****500.00</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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.28.00

Date

Daytime Phone #

**KE**