

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

99 MAY 4 PM 1:21

SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # 996000034483

1. Corporation Name

Quail Roost Industrial Park Inc.

Principal Place of Business

Mailing Address

13255 SW 137th Ave. Ste. 113

Miami, Florida 33186

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

2. New Principal Office Address, if Applicable

N/A

3. New Mailing Office Address, if Applicable

N/A

4. Date Incorporated or Qualified To Do Business in Florida

April 19, 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0660836

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
P/D	Robert Uinas	13255 SW 137 Ave Ste 113 Mia, Fla.	Miami Florida 33186
VP/S/D	Sawiee E. Simu	13255 SW 137 Ave Ste 113	Miami, Fla. 33186

05/11/99--01061--007
****908.75 ****908.75

JST 5/10/99

8. Name and Address of Current Registered Agent

Diehard F Konda
13255 SW 137 Ave Ste 113
Miami, Florida 33186

9. Name and Address of New Registered Agent

Name N/A
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

[Signature of Diehard F Konda]

REGISTERED AGENT MUST SIGN

Date 4-29-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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)(f), 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

4-29-99

Date

(305) 254-4031

Daytime Phone #