

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -2 PM 3:15

DOCUMENT #

1. Corporation Name

996000657940

IQ Management & Technology, Inc.

2. Principal Office Address

4141 N. Miami Avenue

Suite, Apt. #, etc.
306

City & State

Miami, FL

Zip

33137

Country

USA

3. Mailing Office Address

4141 N. Miami Avenue

Suite, Apt. #, etc.
306

City & State

Miami, FL

Zip

33137

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

July 9, 1996

5. FEI Number

65-0684497

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

Anna Bravo

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

4141 N. Miami Avenue

Suite, Apt. #, Etc.

304

City

Miami

State

FL

Zip Code

33137

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

Anna M. Bravo
REGISTERED AGENT MUST SIGN

Date 02/24/00

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	Delfina I. Quinonez	4141 N. Miami Avenue , 306	Miami, FL 33137

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:

Delfina I. Quinonez
Delfina I. Quinonez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/00

Date

(305) 573-2220

Daytime Phone #

CR2E081 (9/99)