

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB 23 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000077884

1. Corporation Name

QUATRO POA QUATRO CORP.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0703619

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/DIA	SULICHIN, SILVIO	330 POINCIANA ISLAND DR.	SUNNY ISLES, FL 33160
S/DIA	SULICHIN, PATRICIA	330 POINCIANA ISLAND DR.	SUNNY ISLES, FL 33160

400003151054-4

-02/23/00--01024--001

****308.75 ****308.75

99-00 AKP TC

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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

Date 02-16-2000

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

796000077884

⑤

February 2, 2000

Ms. Katherine Harris
Secretary of State
Division of Corporations

Re: ~~Annual Report for Quatro por Quatro, Corp.~~
FEIN 65-0703619

I did not receive the Annual Report for the year 1999 nor 2000. I was not residing at the same address, that is why I did not send the payment. My new mailing address is 9341 Dickens Ave, Surfside Fl 33154. I apologize for it but I promise that I will send the annual report payment before May 1, every year. Enclosed is a check in the amount of \$300.00 to cover both years.

Thanking you in advance for your understanding.

Sincerely,



Patricia Sulichin S/Dir