

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -1 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000087713**

1. Corporation Name
QUOSA, INC

2. Principal Office Address
1621 NE 2nd Street

3. Mailing Office Address
1621 NE 2nd Street

Suite, Apt. #, etc.
unit 404

Suite, Apt. #, etc.
unit 404

City & State
Ocala, Florida

City & State
Ocala, Florida

Zip
34470

Country
USA

Zip
34470

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **1997**

5. FEI Number
65-0705851

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
Anita Zayas

Street Address (P.O. Box Number is Not Acceptable)
1621 NE 2nd Street

Suite, Apt. #, Etc.
unit 404

City
Ocala

State
FL Zip Code
34470

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]

Date **6-7-15**

REGISTERED AGENT MUST SIGN

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	Anita Zayas	1621 NE 2nd Street unit 404	Ocala, Florida 34470
Vice Pres.	HARRY ZAYAS	1621 NE 2nd St # 404	Ocala FL 34470
Sec.	ANITA ZAYAS	1621 NE 2nd St # 404	Ocala, FL 34470
Treas.	ANITA ZAYAS	1621 NE 2nd St # 404	Ocala, FL 34470

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]

ANITA ZAYAS

6-7-05

352-622-1621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (07/05)