

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000097629

1. Entity Name
INTELIGENCIA QUALITATIVE HISPANIC RESEARCH,
INC.



FILED

08 NOV -5 PM 5: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2355 SALZEDO STREET
STE 204A
MIAMI, FL 33134 US

Mailing Address
2355 SALZEDO STREET
STE 204A
MIAMI, FL 33134 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 08

4. FEI Number

65-0710725

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, JACKELINE P
1431 VENETIA AVE
CORAL GABLES, FL 33134

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/31/08

FILE NOW!!! FEE IS \$750.00

After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MS.
FERNANDEZ, JACKELINE P
1431 VENETIA AVE.
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100137662691
11/05/08--01024--019 **\$58.75

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKELINE P. FERNANDEZ

10/31/08

305 815 0555

Date

Daytime Phone #

2011/6