

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 AUG 30 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020364

1. Corporation Name

QUIROZ TRUCKS & HEAVY EQUIPMENTS, INC.

400007731314--2

-09/13/02--01039--022

***1050.00 ***1050.00

2. Principal Office Address

9131 S W 170TH ST.

3. Mailing Office Address

9131 S W 170TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33157

Country

USA

Zip

33157

Country

USA

REINSTATEMENT

2000-2002

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/97

5. FEI Number

65-0733065

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

JUAN H. QUIROZ

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

9131 S W 170TH ST

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33157

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

Date

08-14-2002

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
PTD	JUAN H. QUIROZ	9131 S W 170TH ST	MIAMI, FL 33157
D	HUGO CHILO-QUIROZ	JR SALAVERRY #1219 SURQUILLO	LIMA 34, PERU OC

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/14/02

Date

(305) 992-0524

Daytime Phone #

CR2001 (9/01)