

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 AUG 16 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000 62403

1. Corporation Name
STRATEGIC SOLUTIONS OF MIAMI, INC

Principal Place of Business Mailing Address
4205 SALZEDO STREET 7685 SWISS ST.
CORRAL BLUES, FL. 33146 MIAMI FL 33157

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

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 7/17/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> SS 75. Add to fee. Fee required for Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
C	GEORGE J. QUINTERO	7685 SW 155 STREET	MIAMI, FL 33157
V	DEMARIUS J. QUINTERO	7685 SW 155 STREET	MIAMI, FL 33157
D	JOSE R. GONZALEZ	9917 SW 117 CT	MIAMI FL 33186
			300002971523--9
			-08/26/93--01085--020
			****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name GEORGE J. QUINTERO
	Street Address (P.O. Box Number is Not Acceptable) 7685 SW 155 STREET
	Suite, Apt. #, Etc.
	City MIAMI State FL Zip Code 33157

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 *[Signature]* Date 8/6/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 in making 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]* DEORER J. QUINTERO 8/6/99 305-2547210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #