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 DEC 22 AM 10: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

)OCUMENT # P97000091433

. Corporation Name

.S. QUALITY, CORP.

rincipal Place of Business	Mailing Address
0 W 33 ST HIALEAH IALEAH,FL,33012 JS	50 W 33 ST HIALEAH HIALEAH FL 33012 US

REINSTATEMENT 99

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

New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
		9201 SW 36 ST	
uite, Apt. #, etc.		Suite, Apt. #, etc.	
ity & State		City & State Miami FL.	
ip	Country	Zip 33165	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/23/1997 **SP**

5. FEI Number 65-0792403 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	SALAZAR, ARMANDO	~~5300 SW 98 COURT~~	MIAMI FL 33165
	Salazar Armando	9201 SW 36 ST	Miami FL. 33165

200003082432--8
-12/29/99--01005--018
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SALAZAR, ARMANDO 50 W 33 ST HIALEAH HIALEAH FL 33012	Name: Armando Salazar Street Address (P.O. Box Number is Not Acceptable): 9201 SW 36 ST Miami. FL. Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33165

0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

ignature of egistered Agent: Armando Salazar — Date: 12/10/99

REGISTERED AGENT MUST SIGN

1. 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: Armando Salazar — 12/10/99 — (305)345-99

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