

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P97000101639**

1. Corporation Name
QUINTERO COMMERCIAL, INC.

| | |
|--|--|
| Principal Place of Business 8230 DRYCREEK DRIVE TAMPA FL 33615 | Mailing Address 8230 DRYCREEK DRIVE TAMPA FL 33615 |
|--|--|

FILED
 03 JAN -9 AM 10:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 0203

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

| | | | | | |
|--|---------|--|---------|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 12/01/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-3478720 | |
| City & State | | City & State | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

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 | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| D | QUINTERO, JULIO | 8230 DRYCREEK DRIVE | TAMPA FL 33615 |
| | | | |
| | | | |
| | | | |
| | | | |

100009983271
 01/03/03--01030--010 **900.00

8. Name and Address of Current Registered Agent

WATKINS, CARL T
 7345 JACKSON SPRINGS ROAD
 #3
 TAMPA FL 33634

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1-03-03

11. 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 REQUIRED
 Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

1-03-03 813 243-2339

CR2E04P (8/02)