

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000010253

1. Corporation Name

QUALITY INSURANCE AGENCY, INC.

Principal Place of Business

1565 E 4 AVE
HIALEAH FL 33010

Mailing Address

1565 E 4 AVE
HIALEAH FL 33010

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

2. New Principal Office Address, If Applicable

1290 East 4th Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1290 East 4th Avenue

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33010

Country

DADE

Zip

33010

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1998

5. FEI Number

65-0814282

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---|
| PTD | DEL PRADO, GUILLERMO A | 1512 W FLAGLER ST, STE 201 | MIAMI FL 33135 |
| S | DEL PRADO, ALINA | 1512 W FLAGLER ST, STE 201 | MIAMI FL 33135 |
| A | PALACIOS, MARIA E | 19391 NW 57 CT | MIAMI FL 33015 |
| | | | 200004698042--9 -11/29/01--01035--026 *****750.00 *****750.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

DEL PRADO, GUILLERMO A
81 SW 134 CT
MIAMI FL 33184

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Guillermo A. Del Prado

REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

Guillermo A. Del Prado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/2001 (305) 805-2210

Daytime Phone

NOV 28 2001

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 NOV -5 PM 2:41



REINSTATEMENT

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CR2E040 (8/01)