## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

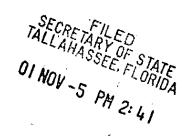
**DIVISION OF CORPORATIONS** 

DOCUMENT #	P98000010253
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1. Corporation Name

QUALITY INSURANCE AGENCY, INC.

SIGNATURE:



Principal Place of Business Mailing Addr				ess						
1565 E 4 AVE 1565 E 4 AVI HIALEAH FL 33010 HIALEAH FL			=							
If above a	addresses are incorrect in any way, line thro	ough incorrect in	aformation a	nd enter o	correction below	CHNCT	PASHUE	WT.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
1290 East 4th Aneme 12908			Pact 4th Avenue To Do			4. Date Incomp	orporated or Qualified 01/30/1998			
City & State			oal, Florida			5. FEI Number Applied For			<u> </u>	
Hial Zip 33	County Sade	Heale Zip 330		Country		6. CERTIFICATE	E OF STATUS DESIRED	\$8.75	Additional Fee required ra Certificate of Status	
	and Street Addresses of Each Officer and/	<u>!</u>		·		st 3 directors)				
Title(s)	Name of Officers			Street Address of Each Officer and/or Director			City / State / Zip			
PTD :	DEL PRADO, GUILLERMO A 1512 W FLAGLE			LAGLEF	R ST, STE 201	MIAMI FL 33135				
S	DEL PRADO, ALINA 15			1512 W FLAGLER ST, STE 201			MIAMI FL 33135		•	
A	PALACIOS, MARIA E			19391 NW 57 CT			MIAMI FL 33015			
. ,							000046 -11/29/ ****75	01C 0.00	1035026 ****750.00	
			•							
	8. Name and Address of Current F	Pagistared Age	nt			9 Name and /	Address of New Regis	stored A	- cont	
	o. Home and Address of Current	iegistereu Age			Name	3. Name and A	-tuuless of Mew Hegis	stered A	gent	
DEL PRADO, GUILLERMO A 81 SW 134 CT			İ	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI-FL-33184			Suite, Apt. #, Etc.			•				
					City			State	Zip Code	
10. I, being	appointed the registered agent of the abor	ve named corpo	ration, am fa	amiliar wit	th and accept the ob	ligations of Secti	on 607.0505, F.S.			
Signature o Registered		CIO GISTERED AGI	ENT MUST :	SIGN	20090	15	Date	110	10)	
11 Loorline	that I am an efficer or director or the receiv		nowarad *-	ovecute 4	this application as a	rovidad far la -t-		£., +1		

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 sarpe legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR