

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 978000010253

1. Corporation Name

Quality Insurance Agency, Inc

REINSTATEMENT 04-06

2. Principal Office Address

1290 E 4 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, Fla

City & State

Same

Zip

33010

Country

USA

Zip

Country

05/05/04 CR2E081 (12/05)
90229 030 \$150

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650814282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Maria Elena Palacios

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

19391 NW 57 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

Maria E. Palacios

Date

7/31/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	<u>Guillermo Delprado</u>	<u>81 SW 134 Ct</u>	<u>Miami, FL 33184</u>
S	<u>Aina Delprado</u>	<u>81 SW 134 Ct</u>	<u>Miami, FL 33184</u>
A	<u>Maria Elena Palacios</u>	<u>19391 NW 57 Ct</u>	<u>Miami, FL 33015</u>

10. 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 contained in Chapter 119, 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 Delprado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/31/06 305-885-2210
Daytime Phone #

QUALITY INSURANCE AGENCY

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July 14th 2006

Department of State
Division of Corporations
Corporate Filing
P.O. Box 6327
Tallahassee FL 32314

Dear Sir or Madam:

We are writing to you one last time with hope to solve the matter of Administrative Corporate Dissolution for Annual Report posted into your records on Document No. P98000010253.

Our last Annual Report sent to the Department of State, Division of Corporations was at the end of April 2004. Both the report and payment were received by your office (enclosed copy of cashed check). Later during the year the report was sent back to us due to a missing signature on the Register Agent's line. We signed the report and sent it back again to your office. We didn't hear from the Department again and when we tried to fill out on April 2005 the Annual Report for the year on Line we find out the Corporation was dissolve. Since then we have tried twice already to obtain an explanation or solution without obtaining a response to our case.

We have been operating for 2 years without a valid registration on Tallahassee. At this point we understand the we still have to paid the \$150.00 registration fee per year but we do not believe that it is our fault the lack of communication from the Corporation's Department whom at this point we were to hope a merely response.

If further information is needed, please do not hesitate to contact us at (305) 805-2210.

Hoping to hear from you and to obtain a little of help on this matter.

Sincerely,



Alina Del Prado
Vice-President