

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -4 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000020635**

1. Corporation Name

QUIPOS, INC.

Principal Place of Business

C/O GUSTAVO SANTAMARIA
11865 S.W. 123RD AVENUE
MIAMI FL 33186

Mailing Address

C/O GUSTAVO SANTAMARIA
11865 S.W. 123RD AVENUE
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

8056 Severn Dr.

Suite, Apt. #, etc.

Suite B.

City & State

Boca Raton, FL.

Zip

33433

Country

USA.

3. New Mailing Office Address, If Applicable

8056 Severn Dr.

Suite, Apt. #, etc.

Suite B.

City & State

Boca Raton, FL.

Zip

33433

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1998

5. FEI Number

65-0821134

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SANTAMARIA, GUSTAVO	11865 S.W. 123RD AVENUE	MIAMI FL 33186

8. Name and Address of Current Registered Agent

SANTAMARIA, GUSTAVO
11865 S.W. 123RD AVENUE
MIAMI FL 33186

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

REGISTERED AGENT MUST SIGN

Date **10-28-99**

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:

Gustavo Santamaria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-99

Date

(561) 952-3778

Daytime Phone #

10/28/1999

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Florida Department of State

Enclose is the copy of the cancelled check that was sent to you on 3/5/99 along with the green form that was mailed to us.

It is my believe that some how the papers might have been confuse and my form was never process. I have spoken with a person on the phone from your office and he has instructed me to right this letter and to provide you with a copy of the check. Also I have re-enter the information on Quipos, Inc. And it is included in this package as well.

My daytime phone number is (561) 852-3778 and my fax is (561) 852-1234
I can also be reached via e-mail : guss@quipos.com.

A prompt respond is greatly appreciated

Thank you



Gustavo Santamaria
President