

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
~~REINSTATEMENT~~

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

FILED

00 NOV -7 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000013940

1. Corporation Name

QUE VOLA, INC.

Principal Place of Business

1801 SW 133RD TERR  
MIRAMAR FL 33027

Mailing Address

1801 SW 133RD TERR  
MIRAMAR FL 33027

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

02/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0915334

Not Applicable

Zip

Country

Zip

Country

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
P/D	LIONEL N. PEREZ	1801 S. W. 133 TERRACE	PEMBROKE PINES, FL 33027

800003493158--6

-12/11/00--01030--017

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, LIONEL N  
1801 SW 133RD TERR  
MIRAMAR FL 33027

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

*Lionel N. Perez*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-3-2000

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:

*Lionel N. Perez*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LIONEL N. PEREZ, PRESIDENT

Date

786-218-4204  
(954) 450-9015

Daytime Phone #

KE

CR2040 (8/00)

Que Vola, Inc.  
1801 S.W. 133<sup>rd</sup> Terrace  
Miramar, FL 33027

~~(954) 450-9015~~

786-218-4204

Florida Department of State  
Division of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Reinstatement Document # P99000013940

Dear Sir:

Enclosed is my application for reinstatement and my check in the amount of \$150.00. I never received an annual report for year 2000. Please waive any penalty. This is a new corporation and any penalty would create a financial hardship for me.

Thank you for your consideration.

Very truly yours,



Lionel N. Perez, President

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