

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 23 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 099000026358

1. Corporation Name

QUILT SCENE INC.

000008016390--0

-09/25/02--01001--029

***1058.75 ***1058.75

REINSTATEMENT 00-02

2. Principal Office Address

8785 SW 132 ST

Suite, Apt. #, etc.

3. Mailing Office Address

8785 SW 132 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

DADE

Zip

33176

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

MAR. 23, 1999

5. FEI Number

65-0931232

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

MAX R. PRICE, Esq., SOLMS & PRICE, P.A.

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

6701 Sunset Dr., Suite 104

Suite, Apt. #, Etc.

MIAMI, FL 33143

City

MIAMI, FL

State

FL

Zip Code

33143

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 09/04/02

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
PRES	LUCIA MANSFIELD	8785 SW 132 ST	MIAMI, FL 33176
V.P.	GENE E MANSFIELD	8785 SW 132 ST	MIAMI, FL 33176

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 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:

Lucia E Mansfield (Lucy MANSFIELD)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept 20, 2002

Daytime Phone #

305-969-9886

CR2E081 (9/01)