

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000-01-UB

CORPORATION
REINSTATEMENT



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

FILED

01 MAR 29 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000029753

1. Corporation Name

J.A. QUINTANA & ASSOCIATES INC.

2. Principal Office Address

3. Mailing Office Address

7971 NW186 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL 33015

Zip Country

Zip Country

33015

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 31, 1999

5. FEI Number

65-0927110

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

JULIO A. QUINTANA

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

7971 N.W 186 TERRACE

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 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03/20/2001

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
P	JULIO A QUINTANA	7971 N.W 186 TERRACE	MIAMI, FL 33015

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/2001

Daytime Phone #

CR2E081 (9/99)

799 - 29753

J. A QUINTANA AND ASSOCIATES INC
7971 NW 186 TERRACE
MIAMI, FL 33015

852012

March 20, 2001

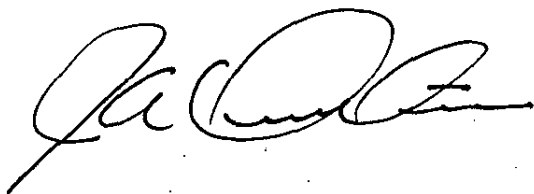
FLORIDA DEPARTMRNT OF STATE
RE: DOCUMENT # P99000029753
FEI # 65-0927110

TO WHOM IT MAY CONCERN:

I'M SENDING MY REINSTATEMENT REPORT, BECAUSE I NEVER RECEIVED
ORIGINAL ANNUAL REPORT, I WILL APPRECIATE IF YOU WAIVE THE LATE
CHARGES.

ATTACHED IS THE REINSTATEMENT APPLICATION WITH A CHECK IN THE AMOUNT
\$300.00 FOR THE YEAR 2000 AND 2001.

SINCERELY YOURS



JULIO A QUINTANA
PRESIDENT