PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TAPPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

P99000052601

1. Corporation Name

QSI AMERICA, INC.

Principal	Place of	Business

Principal Place of Business	Mailing Address					
1 1490-NORTH KENDALL DRIVE - Guité 112 : Miami Fl 33170	-11430 NORTH KENDALL DRIVE GUITE-112- - MIAMI FL 33176-					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
2. New Principal Office Address, If Applicable 5.50 N.W. Le June RA	3. New Mailing Office Address, If 18 45 Ponce de Le		4) Date recording to Do Business	er or ordanie de L. IV		
Sulte, Apt. # etc.	Suite, Apt. #, etc.	αΔ	5. FEI Number	06/07/19	Applied For	
City & State	City & State Corol Coh	10 11	65098	-3256	Not Applicable	
Zip 37/04 Country	zip 33134 Countr	$\frac{65}{7}$ 116 Δ	6. CERTIFICATE OF		ional Fee required ificate of Status	
7. Names and Street Addresses of Each Officer and		ations must list at lea	est 3 directors)			
Title(s) 1 2 Name of Officers and/or Directors	Str	reet Address of Each ficer and/or Director	1	City / State / Zip		
P Celso Alvara	ado 13730	S.W. 11	08 Street	Miami, 41.	33186	
			100	-12/12/0001033	12 008 *750.00	
8. Name and Address of Current	Registered Agent	1	9. Name and Addi	ress of New Registered Agent		
Name () 1						
		Street Address (P.O. Box Number is Not Acceptable)				
11430 NORTH KENDALL DRIVE SUITE 112 Suite. Apt		Suite, Apt. #, Etc	Apt. #, EIC.			
MIAMI FL 33176		City Mich	ite # 203 ami State Zip Code Zip C			
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 SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 10/31/00						
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.						

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