

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 30 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/14/01--01054--008
****\$00.00 ****\$00.00

DOCUMENT # P 99 0000 61356

1. Corporation Name

Quality Constructions Incorporated

2. Principal Office Address

6710 SW 127 PL

Suite, Apt. #, etc.

3. Mailing Office Address

6710 SW 127 PL

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33183

Country

Zip

33183

Country

Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

07-09-99

5. FEI Number

65-0939696

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

JAIRO MIRA

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

15650 SW 80 St.

Suite, Apt. #, Etc.

F 103

City

Miami

State

FL

Zip Code

33193

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**

JAIRO MIRA

Date

7/26/2001

REGISTERED AGENT MUST SIGN

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
PD	Guillermo Alzate	6710 SW 127 PL	Miami FL 33183
VD	Jairo Mira	15650 SW 80 St Apt F 103	Miami FL 33193

REINSTATEMENT

07-01-98

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:

Guillermo Alzate President

7/26/2001

Date

Daytime Phone #

305-388 1752

CR2E081 (9/00)