PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 00 NOV 13 AM 10: 32 P99000067244 DOCUMENT # 1. Corporation Name SEGRETARY OF STATE TALEAHASSEE, FLORIDA QUANTIX INTERNATIONAL CORP. Principal Place of Business Mailing Address **7242 NW 31 STREET** 7242 NW 31 STREET MIAMI FL 33122 MIAMI FL 33122 EINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 2858 N.W. 72 Avenue 3. New Mailing Office Address, If Applicable 2858 N.W. 72 Avenue Date Incorporated or Qualified To Do Business in Florida 07/28/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 65-0937528 City & State City & State Not Applicable Míamí Miami \$8.75 Additional Fee required Country 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) Street Address of Each Officer and/or Director Name of Officers City / State / Zip and/or Directors **MIAMI FL 33122** 7242 NW-31 STREET ESTUPINAN, RUBEN 在1987年中国 (中国) SECTO PURCHASION IN FRY SOLL DO JUNEAR PROPERTY. <u>.000003487750</u>= -12/05/00---01072--007 off Tight Of ****750.00 ****750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Kuben Estupinan PENA, J. DAVID Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVENUE 2858 Suite, Apt. #, Etc. **SUITE 1100** MIAMI FL 33131 State Zip Code Mia<u>mi</u> am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the above named corporation GI Signature of Registered Agent 10, Z000 November

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 filling 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.

Title(s)

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SIGNAZU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10, 2000 (305)470801