

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION REINSTATEMENT

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

FILED

01 AUG -3 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000083275

1. Corporation Name

Quiere. Com, Inc.

2. Principal Office Address

100 S.E. 2nd St.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

37th Flr

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33131

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/16/99

5. FEI Number

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

Joel S. Magolnick

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

100 S.E. 2nd St.

Suite, Apt. #, Etc.

37th Floor

City

Miami

State

FL

Zip Code

33131

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

Joel Magolnick

REGISTERED AGENT MUST SIGN

Date

7/26/01

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
D	Joel Magolnick	100 S.E. 2nd St, 37th flr	Miami FL 33131
PDS	Michael Magolnick	100 S.E. 2nd St, 37th Flr	Miami FL 33131
			LS

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

Daytime Phone #

Joel Magolnick - JOEL MAGOLNICK 7/26/01 (305) 379-8300

CFR2001 (9/00)

MOSCOWITZ
STARKMAN &
MAGOLNICK

2062
Bank of America Tower
100 Southeast 2nd Street
37th Floor
Miami, Florida 33131

Telephone (305) 379-8300
Facsimile (305) 379-4404

August 1, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

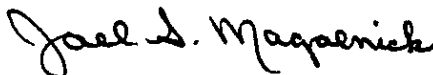
RE: QUIERE.COM, INC.

Dear Sir or Madam:

Please be advised that I never received notice for renewal for the year 2000. I respectfully request that you waive the late fees. I have enclosed a check in the amount of \$300.00 along with a completed form for reinstatement.

If you have any questions, please feel free to call me or my secretary Sandy. Thank you for your attention to this matter.

Sincerely,



Joel S. Magolnick

JSM/SG