

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P99000098226

1. Corporation Name

V. QUINTERO ENTERPRISES CO. INC.

Principal Place of Business

Mailing Address

4504 HWY. 574, LOT 34
PLANT CITY FL 33567

4504 HWY. 574, LOT 34
PLANT CITY FL 33567

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

904 Essex Rd

904 Essex Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BRANDON

BRANDON

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

Zip

Country

33510 Hills.

33510 Hillsbrohg.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	QUINTERO, VICENTE	4504 HWY. 574, LOT 34	PLANT CITY FL 33567
VS	QUINTERO, MARY C	4504 HWY. 574, LOT 34	PLANT CITY FL 33567

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUINTERO, VICENTE
4504 HWY. 574, LOT 34
PLANT CITY FL 33567

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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]*
REGISTERED AGENT MUST SIGN

Date 11/03/00

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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/00 813-657-7596
Date Daytime Phone #

FILED
00 DEC -7 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	11/08/1999	SP
5. FEI Number	59-3605040	Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

CR2040 (8/00)