

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101327

1. Corporation Name

QUASAR GROUP CORP.

Principal Place of Business

8118 S.W. 82 COURT  
MIAMI FL 33143

Mailing Address

8118 S.W. 82 COURT  
MIAMI FL 33143

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

2. New Principal Office Address, If Applicable

905 Brickell Bay Drive

Suite, Apt. #, etc.

#1931

City & State

Miami, FL

Zip

33131

Country

U.S.A

3. New Mailing Office Address, If Applicable

905 Brickell Bay Drive

Suite, Apt. #, etc.

#1931

City & State

Miami, FL

Zip

33131

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1999

5. FEI Number

65-0963117

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	CACCIAMANI, FREDERICK	905 BRICKELL BAY DRIVE, #1931	MIAMI FL 33131
V	CACCIAMANI, CHRISTIAN	<del>8118 S.W. 82 COURT</del> 8121 S.W. 82 Court.	MIAMI FL 33143

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8. Name and Address of Current Registered Agent

HECHTMAN, BARRY I CPA  
8100 S.W. 81 DRIVE, #210  
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

FREDERICK CACCIAMANI

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

905 Brickell Bay Dr. #1931

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code  
33131

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/20/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK CACCIAMANI

Date

11/20/02

Daytime Phone #

(305) 331-2028

CR2E040 (8/02)