

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 21 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000105057**

1. Corporation Name

Living Quarters USA, Inc.

400012871074
02/20/03--01051--001 **1208.75

2. Principal Office Address

2651-A NW 20 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33142

Country

U.S.A.

3. Mailing Office Address

2651-A NW 20 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33142

Country

U.S.A.

REINSTATEMENT

00-03

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

12/3/99

5. FEI Number

65-0965350

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 **John Kennedy**

Street Address (P.O. Box Number is Not Acceptable) **11522 SW 87 Terrace**

Suite, Apt. #, Etc.

City **Miami**

State
FL

Zip Code
33157

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **2/19/03**

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
Pres.	John Kennedy	11522 SW 187 Terrace	Miami, FL 33157
Sec.	Christine Newton	11522 SW 187 Terrace	Miami, FL 33157
Treas.	John Kennedy	11522 SW 187 Terrace	Miami, FL 33157

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

John Kennedy, President

2/19/03

Date

(305) 635-3383

Daytime Phone #

CR2E081 (10/02)