

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

00 OCT 26 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000108462

1. Corporation Name

QUEFARMACIA.COM, INC.

Principal Place of Business

Mailing Address

3075 NW 107TH AVENUE
MIAMI FL 33172

3075 NW 107TH AVENUE
MIAMI FL 33172



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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, and Zip 4 |
|---------------|---|--|---------------------------|
| D, P | DECESPEDES, JORGE L | 3075 NW 107TH AVENUE | MIAMI FL 33172 |
| T, CFO | Bertin Perez | 3075 NW 107 Avenue | Miami, FL 33172 |
| S | Charles J. Sanchez | 3075 NW 107 Avenue | Miami, FL 33172 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2000

[Signature]

8. Name and Address of Current Registered Agent

AVELLAN, LILIANA V ESQ
GARCIA & AVELLAN PA
201 ALHAMBRA CIRCLE SUITE 500
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Charles J. Sanchez
Street Address (P.O. Box Number is Not Acceptable)
3075 NW 107 Avenue
Suite, Apt. #, Etc.
City
Miami, State
FL Zip Code
33172

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **Oct. 16, 2000**

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 REQUIRED
Charles J. Sanchez, Secretary

Oct. 16, 2000

Date

Daytime Phone #

CR2E040 (8/00)