PLEASE REAU	ALL INSTRUCTIONS BL	LUNE	JOIVITEL HING THIS LUNIVI.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT C Sandra B. Mortham Secretary of State DIVISION OF CORPORATIO	n	Company of the Compan
DOCUMENT# S135	52		99 JUL -9 PH 2: NI.
1. Co. poration Name M.Q. ENTERPRISE, CORP.			
6311 SW 34th Street			SECKE MALE STATE TALLAHASSEE, FLORIDA
Miami, FL 33155 Principal Place of Business Mailing Address			
If above addresses are incorrect in any way, line thr	ough incorrect information and enter correct	tion below.	DO NOT WRITE IN THIS SPACE
New Principal Office Address, If Applicable N/A			Date Incorporated or Qualified To Do Business in Florida 11/1/90 .
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For
Criy & State	City & State	``	65-0257260 Not Applicable
Zip Country	Zip Country		CERTIFICATE OF STATUS DESIRED S175 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corporations n	nust list at leas	st 3 directors)
Name of Officers and/or Directors	Officer an	dress of Each nd/or Director	City / State / Zip
1 2	3 (Do NOT Use Post	t Office Box No	umbers) 4
[îATEMEN د	T 96	100029406211 -07/23/9901094023 ***1200.00 ***1200.00
8. Name and Address of Current R	egistered Agent		9. Name and Address of New Registered Agent
Carlos M. Martel 6311 SW 34th Street Miami, FL 33155		Name N/A Street Address (P.O. Blox Number is Not Acceptable) Suite, Apt. #, Etc. -07/23/9901094024 City *******8. \$75	
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 Resistered Agent MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No on intangible tax.)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied exempt from public access. 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 f. F.S., and that all lees owed by the corporation have been paid. 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 THE OF PRIN	> 6/28/99 TED NAME OF SIGNING OFFICER OR DIRECTO		05) 557-7809 Oute Daytime Prone #