

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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FILED

02 MAY 31 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/12/02--01077--015
****450.00 ****450.00

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S 30437 1. Corporation Name RQM Corporation			
2. Principal Office Address 12892 SW 61 St. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33183	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida Feb 1991	
5. FEI Number 65-0242753	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Roberto J. Quiros	351.25-AR
Street Address (P.O. Box Number is Not Acceptable) 12892 SW 61 street	10.00-ARARS
Suite, Apt. #, Etc.	88.75-AR6PP
City Miami	State FL
	Zip Code 33183

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 _____ Date 4-10-2002

REGISTERED AGENT MUST SIGN

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
P	Roberto J. Quiros	12892 SW 61 St.	Miami, FL 33183

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: Roberto J. Quiros  4-10-2002 305-382-6115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (8/01)

RQM Corporation
12892 SW 61 Street
Miami, FL 33183

Tel: (305) 382-6115
Fax: (305) 388-1645

202

April 8, 2002

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

Reference: Corporation Renewal

To whom it may concern:

As per my inquiry and conversation with an examiner from this department in regards to this year's renewal form, it has come to my attention that the last renewal fee that this department received was for 1999. In further investigating we realized the forms were being sent to an old office address that we vacated in 1997, therefore we haven't received forms for the last three years at our correct address. I have had this Corporation open and active since 1991 and I would like to keep it this way.

I have enclosed a check in the amount of \$450.00 for renewal fees for the years 2000, 2001 and 2002. I would like to ask that the penalties be waived since it was out of my control that the forms were being sent to an incorrect address.

If you have any questions or need further information, please do not hesitate to contact me at 305-382-6115.

Sincerely,



Roberto J. Quiros