



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503) 986-2200  
www.filinginoregon.com

Registry Number: 489760-96  
Date of Registration: 01/14/2008  
Type: ASSUMED BUSINESS NAME

10/18/2016

ALEJANDRO QUIRARTE  
3008 SISKIYOU BLVD  
MEDFORD OR 97504

**FILED**

**OCT 26 2016**

OREGON  
SECRETARY OF STATE

RE: A.Q. CUSTOM CABINETRY AND WOODWORK  
REACTIVATION

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit \$100.00 for the required fees.

The above assumed business name hereby requests to be active on the records of the Corporation Division. The effective date of administrative cancellation is 01/15/2016.

The reason(s) for administrative dissolution/cancellation has been eliminated or did not exist.

By: \_\_\_\_\_

(Authorized Signature)

Date: \_\_\_\_\_

10/18/2016

Any fees submitted with this document are nonrefundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry  
Corporation Division  
(503) 986-2200

SHADEA  
NONFILEABLE  
10/18/2016

A.Q. CUSTOM CABINETRY AND WOODW



48976096-17387190

REAABN



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## ABN REACTIVATION RENEWAL

Registry Number: 489760-96

Date of Registration: 01/14/2008

Type: ASSUMED BUSINESS NAME

ALEJANDRO DAVID QUIARTE  
~~2706 ESTHER LN~~  
~~GRANTS PASS OR 97527~~

NOTE: Assumed Business Names are  
required to renew every two years.

### Business Name

A.Q. CUSTOM CABINETRY AND WOODWORK

The following information is required by statute. Please complete the entire form. If any of the information is incorrect, you can make changes on this form.

### Principal Place of Business

~~4890 JUMP OFF JOE CREEK RD~~  
~~GRANTS PASS OR 97526~~

4810 Table Rock Rd., Suite 112  
Central Point, OR 97502

### Authorized Representative

ALEJANDRO DAVID QUIARTE

~~2706 ESTHER LN~~

~~GRANTS PASS OR 97527~~

### Registrant - Name and Address

ALEJANDRO DAVID QUIARTE

~~2706 ESTHER LN~~

~~GRANTS PASS OR 97527~~

4810 Table Rock Rd, Suite 112  
Central Point, OR 97502

### Counties:

- |                                    |                                    |   |                                  |                                    |                                     |
|------------------------------------|------------------------------------|---|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> BAKER     | <input type="checkbox"/> CROOK     | <input type="checkbox"/> HARNEY               | <input type="checkbox"/> LAKE    | <input type="checkbox"/> MORROW    | <input type="checkbox"/> UNION      |
| <input type="checkbox"/> BENTON    | <input type="checkbox"/> CURRY     | <input type="checkbox"/> HOOD RIVER           | <input type="checkbox"/> LANE    | <input type="checkbox"/> MULTNOMAH | <input type="checkbox"/> WALLOWA    |
| <input type="checkbox"/> CLACKAMAS | <input type="checkbox"/> DESCHUTES | <input checked="" type="checkbox"/> JACKSON   | <input type="checkbox"/> LINCOLN | <input type="checkbox"/> POLK      | <input type="checkbox"/> WASCO      |
| <input type="checkbox"/> CLATSOP   | <input type="checkbox"/> DOUGLAS   | <input type="checkbox"/> JEFFERSON            | <input type="checkbox"/> LINN    | <input type="checkbox"/> SHERMAN   | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> COLUMBIA  | <input type="checkbox"/> GILLIAM   | <input checked="" type="checkbox"/> JOSEPHINE | <input type="checkbox"/> MALHEUR | <input type="checkbox"/> TILLAMOOK | <input type="checkbox"/> WHEELER    |
| <input type="checkbox"/> COOS      | <input type="checkbox"/> GRANT     | <input type="checkbox"/> KLAMATH              | <input type="checkbox"/> MARION  | <input type="checkbox"/> UMATILLA  | <input type="checkbox"/> YAMHILL    |

### Business Description (Primary business activity)

Cabinet Making

**Signatures:** New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Contact Name: Alex Quirarte

Phone Number: (include area code) 541-218-4307