PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

The property of the second of	CONTRACTOR OF THE CONTRACTOR O	n rith
CORPORATION	FLORIDA DEPARTMENT OF STATE	FILED
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	03 FEB -4 AN 10: 35
		SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P9300	20007912	MCChanton Control
Quest Marketino) Muc	700009863347 01/06/0301040007 **150.00
2. Principal Office Address	3. Mailing Office Address	REINSTATEMENT 98-03
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 2-01-93
Hobe Sound		5. FEI Number Applied For Not Applicable
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name B 2 4 4 0 N D	D:000	
Street Address (P.O. Box Number (Not Acceptable) 700009863347 02/04/0301071023 **750.00		
Suite, Apt. #, Etc.		
City John Society	and a	State Zip Code 55
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 Registered Agent	CEGISTIFRED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer ar	nd/or Director (Florida nonprofit corporations must list at	least 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Director	
P Beverly K	pes 9532 SE Duna	an St Hobe Sound, FL33455
	·	
this reinstatement application, the reason for dis	scolution has been eliminated, the corporate name satisfi	is provided for in chapter 607 or 617, F.S. I further certify that when filling ies the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated ider oath.
SIGNATURE: Bevery Bevery Des 12.28.02 772.546.6396 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		