PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2017 OCT 13 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P16000088803

1. Corporation Name
Ameriquest, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6800 Weiskopf Avenue		6800 Weiskopf Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
200		200	
City & State		City & State	
McKinney, TX		McKinney, TX	
Zip	Country	Zip	Country
75070	US	75070	US

4. Date Incorporated or Qualified To Do Business in Florida
02/23/2016

5. FEI Number
75-2828330

Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City	State	Zip Code
Plantation	FL	33324

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: [signature] Danny Verdecchia Assistant Secretary Date: 10/13/2017

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
C/D/P/T	Shawn Broussard	6800 Weiskopf Avenue, Suite 200	McKinney, TX 75070

10. E-mail Address: smurphy@servicefirstmtg.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Shawn Broussard President 10-12-17 214-576-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Shawn Broussard Date Daytime Phone #

FLR10 - 05/17/2013 Wolters Kluwer Online

OCT 16 2017
C. CARROTHERS

Florida Department of State

Division of Corporations

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Division of Corporations
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Account Number : FCA000000023
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CORPORATION REINSTATEMENT

AMERIQUEST, INC.

Certificate of Status	0
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