PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 28 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005212

1. Corporation Name

WELLQUEST, INC

REINSTATEMENT 05

2. Principal Office Address	3. Mailing Office Address
555 MADISON AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 1701	SAME
City & State	City & State
NEW YORK, NY	SAME
Zip / Country	Zip / Country
10022 / USA	SAME / SAME

4. Date Incorporated or Qualified To Do Business in Florida 10/08/1996

5. FEI Number 133833143 ☐ 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
VITULI, ALAN

Street Address (P.O. Box Number is Not Acceptable)
789 CRANDON BLVD

Suite, Apt. #, Etc.
APT 1201

City / State / Zip Code
KEY BISCAYNE / FL / 33149

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 Alan Vituli Date 3/24/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
DP	TUMMARELLO, PHILIP	68 SOUTH PROSPECT ST	VERONA, NJ 07044
CDVS	VITULI, JEFFREY	1817 SUN VALLEY WAY	FLORHAM PARK, NJ 07932
		200050266282	
		04/11/05--01002--012 **758.75	

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: Jeffrey Vituli 3/24/05 212-421-2115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #