

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J44516

1. Corporation Name

CONQUEST COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

31597 US 19 NO
PALM HARBOR FL 34684
US

31581 US 19 NO
PALM HARBOR FL 34684
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

25400 US 19 North
Suite, Apt. #, etc. Ste. 162

25400 US 19 North
Suite, Apt. #, etc. Ste. 162

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip 33763 Country USA

Zip 33763 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1986

5. FEI Number

59-2741746

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	KELLER, ROBERT H.	31581 US 19 N	PALM HARBOR FL
P	KELLER, MITCHELL S.	31581 US 19 N	PALM HARBOR FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLER, MITCHELL S.
3325 HAVILAND CT #104
PALM HARBOR FL 34684

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Mitchell S. Keller
REGISTERED AGENT MUST SIGN

Date 10-18-00

11. 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:

Mitchell S. Keller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-18-00

Daytime Phone # 727-287-2440