

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -4 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K00928

1. Corporation Name

QUEST SOLUTIONS, INC.

5310 CLARK RD.

5310 CLARK RD.

2. Principal Office Address

5310 CLARK RD.

3. Mailing Office Address

5310 CLARK RD.

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34233

Country

USA

Zip

34233

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 11/3/87**

5. FEI Number
65-0024546

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

SHERIE A. MOSELEY

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

3049 MARKRIDGE RD.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

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

Sherie Moseley
REGISTERED AGENT MUST SIGN

Date 12/30/04

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 |
|--------|--------------------------------------|---|---|
| P/D | ANDREW J. STAMP | 5146 NORTHRIDGE RD | SARASOTA, FL 34238 |
| T/S/D | SHERIE A. MOSELEY | 3049 MARKRIDGE RD. | SARASOTA, FL 34231 |
| | | | 500043795795 01/03/05--01020--002 **750.00 |
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| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/04

Date

941-349-5400

Daytime Phone #

CR2E001 (01/04)