

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 0000000 5330**

1. Limited Liability Company's Name

HEALTH QUEST LLC

2. Principal Office Address

1715 STICKNEY POINT ROAD

Suite, Apt. #, etc.

SUITE A 11

City & State

SARASOTA FL

Zip

34231

Country

SARASOTA

3. Mailing Office Address

1715 STICKNEY POINT ROAD

Suite, Apt. #, etc.

SUITE A 11

City & State

SARASOTA FL

Zip

34231

Country

SARASOTA

REINSTATEMENT 2001

4. State/Country of Formation

FL / SARASOTA

5. Date Organized or Qualified To Do Business in Florida

5/5/2001

6. FEI Number

65-1053193

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

WILLIAM B. CRAIG

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

1715 STICKNEY POINT ROAD

Suite, Apt. #, Etc.

SUITE A 11

City

SARASOTA

State

FL

Zip Code

34231

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

William B. Craig
REGISTERED AGENT MUST SIGN

Date

10/22/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WILLIAM B. CRAIG	1715 STICKNEY PT. RD. SUITE A-11	SARASOTA FL 34231
MGR	MARTIN J. LOUGHLIN	94 EASTBURY HILL	CLANTON BURY CT 06033-3910
MGR	ROBERT I. BECKWITH	17 KING GRANT ROAD	CLINTON CT 06413

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

William B. Craig

Date

10/22/01

Daytime Phone #

(941) 925-4600

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)