

• PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 14 AM 9:31

DOCUMENT # L00000005330

1. Limited Liability Company's Name

HEALTHQUEST, L.L.C.

CR2E041 (8/05)

2. Principal Office Address 7124 SERENOA Dr.	3. Mailing Office Address Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Sarasota, FL	City & State	
Zip 34241	Country	
6. FEI Number 65-1053193		Applied For <input checked="" type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
WILLIAM CRAIG  
Street Address (P.O. Box Number is Not Acceptable)  
7124 SERENOA DRIVE  
Suite, Apt. #, Etc.  
City  
SARASOTA

State  
FL Zip Code  
34241

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 Craig

Date  
11/17/06

REGISTERED AGENT MUST SIGN

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
MR	WILLIAM CRAIG	7124 SERENOA DRIVE	SARASOTA, FL 34241
MR	ROBERT J. BECKWITH	17 KING'S GRANT ROAD	CLINTON, CT 06413
		500081757405 11/14/06--01061--009	**\$300.00
		REINSTATEMENT	03-06

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 Craig

Date  
11/17/06

Daytime Phone #  
941-927-2203

Typed or printed name of signing Managing Member/Manager