

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000008348

1. Limited Liability Company's Name

C-Quest, L.L.C.

2. Principal Office Address - No P.O. Box #

36 w 6 th street

Suite, Apt. #, etc.

City & State

Atlantic Beach FL

Zip

32233

Country

USA

3. Mailing Office Address

36 W 6 TH Street

Suite, Apt. #, etc.

City & State

Atlantic Beach FL

Zip

32233

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

2000

6. FEI Number

22-3873249

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Cerqueira Cathy

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

36 W 6 TH Street

Suite, Apt. #, Etc.

City

Atlantic Beach

State

FL

Zip Code

32233

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Cathy Cerqueira

REGISTERED AGENT MUST SIGN

Date 08-12-2008

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
P	Cerqueira Cathy	36 Cilewood Court	Jacksonville Beach FL 32250
VP	Cerqueira Atillio	36 Cilewood Court	Jacksonville Beach FL 32250

REINSTATEMENT 03-08

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

Cathy Cerqueira

Date 08-12-2008

Daytime Phone # 904-334-2983

Typed or printed name of signing Managing Member/Manager

Cerqueira Cathy

FILED

08 SEP 10 AM 9:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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