

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

07 JAN 16 AM 9:18

DOCUMENT # L03000013065

1. Limited Liability Company's Name

Inquest Research Ltd. Co

2. Principal Office Address

14400 NW 140th Street
Suite, Apt. #, etc. _____

3. Mailing Office Address

SAP
Suite, Apt. #, etc. SAP

City & State

Alachua, FL

City & State

SAP

Zip

32615

Country

USA

Zip

SAP

Country

SAP

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

04/11/2003

6. FEI Number

134247282

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

Saul J Reguesens

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

14912 NW 107th Terrace

Suite, Apt. #, Etc. _____

City

Alachua

State

FL

Zip Code

32615

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 _____

Date _____

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
MGR	<u>Saul J Reguesens</u>	<u>14912 NW 107th Terrace</u>	<u>Alachua / FL / 32615</u>

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 _____

Date

1/5/07

Daytime Phone #

352-538-3721

Typed or printed name of signing Managing Member/Manager

SAUL J. REGUESENS