

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 AUG 19 PM 1:22

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DOCUMENT # LOS000047548

1. Limited Liability Company's Name
Quest Enterprises of Sarasota LLC

CR2E041 (1/14)

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

5385 Bent Oak Dr

Suite, Apt. #, etc.

3. Mailing Office Address

5385 Bent Oak Dr

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34232

Country

USA

Zip

34232

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/13/2005

6. FEI Number

202830555

☒ 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

Robert R Holsbeke

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

5385 Bent Oak Dr

Suite, Apt. #, Etc.

REINSTATEMENT

8-18-14 AL

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08/08/14--01015--023 **932.50

City

Sarasota

State

FL

Zip Code

34232

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Robert R Holsbeke

REGISTERED AGENT MUST SIGN

Date **8-5-14**

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|--------|--|---|--------------------|
| MGR | Robert A Holsbeke | 5385 Bent Oak Dr | Sarasota, FL 34232 |
| MGR | James R Short | 5373 Bent Oak Dr | Sarasota, FL 34232 |
| MGR | Robert R Holsbeke | 5385 Bent Oak Dr | Sarasota, FL 34232 |
| | | | |
| | | | |

11. E-mail Address: reiss_holsbeke@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Robert R Holsbeke

Date

8-5-14

Daytime Phone #

941-371-5256

Typed or printed name of signing Authorized Representative/Manager **Robert R Holsbeke**