

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2011 DEC 29 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L10000014650

1. Limited Liability Company's Name

Quest Ventures LLC

000215652540  
12/29/11--01041--002 \*\*238.75

CR2E041 (1/11)

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

1351 Palmwood Dr

Suite, Apt. #, etc.

3. Mailing Office Address

1351 Palmwood Dr

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip Country

34232 USA

City & State

Sarasota FL

Zip Country

34232 USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

2-8-2010

6. FEI Number

27-1855847

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

Patricia Montanez

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

1351 Palmwood Dr

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

E-mail Address:

2quest4all@gmail.com

(To be used for future annual report notices)

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 12-28-11

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
MGRM	Patricia Montanez	1351 Palmwood Dr	Sarasota, FL 34232
			J. SAULSBERRY EXAMINER
			JAN 9 2012

REINSTATEMENT  
2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date 12-28-11

Daytime Phone # 941 3763336

Typed or printed name of signing Managing Member/Manager