

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 JUL -2 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-03


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07/02/03--01020--010 **1050.00


CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000 30720			
1. Corporation Name TekQuest Consulting, Inc.			
2. Principal Office Address 2937 Timbercrest Pl. Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Lakeland FL		City & State	
Zip 33810	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 3/21/2000	
5. FEI Number 59-3631780	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Keith Crowley			
Street Address (P.O. Box Number is Not Acceptable) 2937 Timbercrest Pl.			
Suite, Apt. #, Etc.			
City Lakeland		State FL	Zip Code 33810

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 6/29/03
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Keith Crowley	2937 Timbercrest Pl.	Lakeland, FL 33810

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:	 Keith Crowley	Date 6/29/03	Daytime Phone # 863-409-9106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (10/02)