

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 19 AM 9: 30

DOCUMENT # P00000044632

1. Corporation Name

DIGIQUEST TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

5025 W LEMON ST
TAMPA FL 33609

5025 W LEMON ST
TAMPA FL 33609



If above addresses are incorrect in any way, line through incorrect information and enter corrected information.

2. New Principal Office Address, If Applicable

5050 W. Lemon St

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5050 W. Lemon St

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/2000

5. FEI Number

59-3647219

Applied For

Not Applicable

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BEAN, THOMAS J	5025 W LEMON ST 5050	TAMPA FL 33609
			200004706892--7 -12/05/01--01080--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WILSON, DAVID A
5025 W LEMON ST
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name
Thomas J. Bean
Street Address (P.O. Box Number is Not Acceptable)
5050 W. Lemon St
Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33609

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-18-01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-01 289-5566