

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**



REINSTATEMENT

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.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33609 Country **USA**

Zip
33609 Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida
05/03/2000

5. FEI Number
59-3647219

Applied For
 Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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

REINSTATEMENT

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

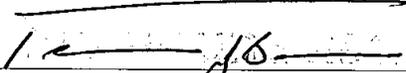
Suite, Apt. #, Etc.

City
Tampa

State
FL

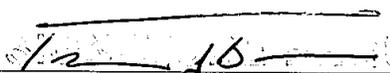
Zip Code
33609

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  Date **10-18-01**

REGISTERED AGENT MUST SIGN

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:  Date **10-18-01** Daytime Phone # **289-5566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)