

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112728

1. Corporation Name

Health Quest Enterprises Inc.

800009033128

11/15/02--01097--008 **158.75

2. Principal Office Address

6565 Park Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

6565 Park Blvd

Suite, Apt. #, etc.

City & State

Pinellas Park

Zip

Country

33781

USA

City & State

Pinellas Park

Zip

Country

33781

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/2001

5. FEI Number

60-0000289

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Linda Buchta

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

623 180th Ave E.

Suite, Apt. #, Etc.

City

Redington Shores

State
FL

Zip Code

33708

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

Linda Buchta

REGISTERED AGENT MUST SIGN

Date 11/14/02

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
Pres.	Linda Buchta	623 180th Ave E. Redington Shores FL	33708

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:

Linda Buchta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/02

Date

727-5947-5124

Daytime Phone #

CR2E081 (9/01)

gs 11/15



ST. JOHN

Neuromuscular Therapy Seminars, Inc.

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee FL 32399

November 14, 2002

To whom it may concern;

It has come to our attention that we have inadvertently missed our deadline for renewal for our corporate entity Healthquest Enterprises, Inc. because we never received the Uniform Business Report (Doc # P01000112728). We respectfully request that you process our renewal without the penalty assessed. We have enclosed a check for the \$150.00 renewal fee with a form that we pulled off the internet for corporate reinstatement. Please note that since we have not been receiving mail in a timely fashion at the previous mailing address we are changing our address to a physical address: 6565 Park Blvd., Pinellas Park, Florida, 33781.

Thank you for all of your assistance on this matter. If you have any questions regarding this letter please feel free to contact me, Linda Buchta, or my bookkeeper, Donna, by calling 727-547-5424.

Sincerely,

Linda Buchta
President