


PS 12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR -8 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000021617

1. Corporation Name
QUEST INTERNATIONAL SERVICES, INC.

2. Principal Office Address 1313 PONCE DE LEON BLVD	3. Mailing Office Address 1313 PONCE DE LEON BLVD.
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Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
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City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
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Zip 33134	Country USA	Zip 33134	Country USA
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REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 04-3632400	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 JOAO E. BRATKOWSKI	
Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON BLVD.	
Suite, Apt. #, Etc. SUITE 201	
City CORAL GABLES	State FL
	Zip Code 33134

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03/08/04-01022-005 **300.00

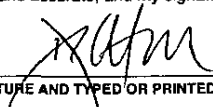
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 3/2/04
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
P	JOAO E. BRATKOWSKI	1313 PONCE DE LEON BLVD SUITE 201	CORAL GABLES, FL 33134

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:  JOAO E. BRATKOWSKI 3/2/04 (305) 443-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

pg 2 of 2

Quest International Services, Inc.

1313 Ponce De Leon Blvd. Ste. 201
Coral Gables, FL 33134

March 2, 2004

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

REF: Document #P02000021617

Gentlemen:

As per your instructions over the telephone attached you will find our Reinstatement Form along with our check in the amount of \$300.00 to cover the years 2003 and 2004.

The reason we did not file our Annual Reports was due to the fact that we did not receive the forms to submit the payment since our address has changed to:

**1313 Ponce De Leon Blvd., Suite 201
Coral Gables, FL 33134**

If you should need any additional information do not hesitate to contact me and thank you in advance for your cooperation in this matter.

Sincerely,

Joao E. Bratkowski

Joao E. Bratkowski