

2005 FOR PROFIT CORPORATION REINSTATEMENT

1052

DOCUMENT # P02000044493	
1. Entity Name KUBE QUEST, INC.	



FILED

05 AUG 24 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3021 30TH CT JUPITER, FL 33477	Mailing Address 3021 30TH CT JUPITER, FL 33477
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Handwritten initials

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT

05

4. FEI Number 11 3750433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

WOP

6. Name and Address of Current Registered Agent SOLAZZI, CHRISTINE M 3021 30TH CT JUPITER, FL 33477	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	SOLAZZI, CHRISTINE
STREET ADDRESS	3021 30TH CT
CITY - ST - ZIP	JUPITER, FL 33477
TITLE	D <input type="checkbox"/> Delete
NAME	SOLAZZI, CHRISTINE
STREET ADDRESS	3021 30TH CT
CITY - ST - ZIP	JUPITER, FL 33477
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800058452038
CITY - ST - ZIP	08/10/05--01046--001 **308.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Christine Solazzi</i>	Date: 7-28-05	Daytime Phone: #
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February 3, 2005

Sent via US Mail

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Kube Quest, Inc.

To Whom It May Concern:

I have just learned that Kube Quest, Inc. has been administratively dissolved. However, I never received any notification or annual reports regarding this corporation. I have had a prolonged illness caused by the fact that my home became unlivable as a result of the hurricanes. It is only now that I can begin to run my business again.

I respectfully request that you waive the \$600.00 penalty fee and reinstate Kube Quest, Inc. as an active corporation. I have enclosed the \$150.00 annual fee in hopes that this will be acceptable.

If you have any questions, please feel free to contact me at your earliest convenience. Thank you for your time and attention.

Sincerely,



Christine Solazzi
3021 30th Court
Jupiter, Florida 33477