

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 14 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000090623

1. Corporation Name

InfoQuest Publishing, Inc.

REINSTATEMENT 07-09

CR2E081 (12/08)

DC 7/20

2. Principal Office Address - No P.O. Box # 10460 North Roosevelt Blvd.		3. Mailing Office Address 10460 North Roosevelt Blvd.	
Suite, Apt. #, etc. Suite #377		Suite, Apt. #, etc. Suite #377	
City & State Saint Petersburg, FL		City & State Saint Petersburg, FL	
Zip 33716	Country USA	Zip 33716	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/19/2002	
5. FEI Number 20-0001385	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 John E. Brozek		
Street Address (P.O. Box Number is Not Acceptable) 10460 North Roosevelt Blvd.		
Suite, Apt. #, Etc. Suite #377		
City Saint Petersburg	State FL	Zip Code 33716

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 07/10/2009

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	John E. Brozek	1101 Pinellas Bayway South, Ste. 404	Tierra Verde, FL 33715

500158458405
07/14/09 01018 003 **450.00

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 contained in Chapter 119, 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

John E. Brozek

07/10/2009

Date

727.204.1184

Daytime Phone #