

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 22 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000023707

1. Corporation Name

QUEST AIR SERVICES LIMITED, INC.

600170160276
02/23/10--01002--009 **450.00

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

4460-1 FL NATIONAL DR

Suite, Apt. #, etc.

3. Mailing Office Address

POST OFFICE BOX 2597

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33813

Country

US

Zip

33806

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/03

5. FEI Number

55-0823197

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

ARALDI, JOSEPH M

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

4460-1 FLORIDA NATIONAL DRIVE

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33813

☒ 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

Joseph M. Araldi

REGISTERED AGENT MUST SIGN

Date

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	ARALDI, JOSEPH M	4460-1 FL NATIONAL DR	LAKELAND, FL 33813
S	SUMNER, ANDREA	4460-1 FL NATIONAL DR	LAKELAND, FL 33813

10. E-mail Address: HAMICSHIVERS@GMAIL.COM

(To be used for future annual report notification)

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, I further certify, 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:

Joseph M. Araldi

JOSEPH M. ARALDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 12, 2010 863 698-0225