


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD3000058580			
1. Corporation Name AmeriQuest Network, Inc.			
2. Principal Office Address 52 Riley Road Suite, Apt. #, etc. Suite 367 City & State Celebration, FL Zip 34747 Country Osceola		3. Mailing Office Address 52 Riley Road Suite, Apt. #, etc. Suite 367 City & State Celebration, FL Zip 34747 Country Osceola	

FILED

06 FEB -9 PM 4:23

SECRET
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida May 27, 2003	Applied For Not Applicable
5. FEI Number 43-2016270	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name Sheila Kirkland		
Street Address (P.O. Box Number is Not Acceptable) 5245 W. Irlo Bronson Mem. Hwy		
Suite, Apt. #, Etc.		
City Kissimmee	State FL	Zip Code 34746

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

Sheila Kirkland

REGISTERED AGENT MUST SIGN

Date Jan 30, 2006

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/CEO	R W Kirkland	52 Riley Road Ste. 367	Celebration, FL 34747

100067012041
03/08/06--01022--009 **458.75

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

1/30/06 813-546-6844

Date Daytime Phone #

252

AMERIQUEST NETWORK, INC.

52 Riley Road Suite 367
Celebration, FL 34747

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

January 30, 2006

Re: Reinstatement of AmeriQuest Network, Inc.

TO WHOM IT MAY CONCERN,

AmeriQuest Network, Inc. Document # P03000058580 did not receive any annual report notices in the year of 2004. We have enclosed a check in the amount of \$458.75 (Includes 1 copy of Certificate of Status) for Reinstatement of AmeriQuest Network, Inc.

Sincerely,



R W Kirkland
P/CEO
AmeriQuest Network, Inc.