

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 29 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000080556

1. Corporation Name

Knowledge Quest Research & Referrals, Inc.

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 3004 N. Dodge St		3. Mailing Office Address P.O. Box 22605	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa FL	
Zip 33605	Country USA	Zip 33622	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	<input checked="" 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 Terrance J. Jerelds			
Street Address (P.O. Box Number is Not Acceptable) 3004 N. Dodge St			
Suite, Apt. #, Etc.			
City Tampa, Florida	State FL	Zip Code 33605	

☒ 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 *Terrance J. Jerelds*
REGISTERED AGENT MUST SIGN

Date March 5, 2007

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
VP	Victoria Feaster	6904 Monarch Park Drive	Apollo Beach, FL 33572
PO	Terrance J. Jerelds	3225 Welborn Way	Tampa, Florida 33619
D	Derrick Hollis	Post Office Box 22605	Tampa, Florida 33622
REINSTATEMENT 04-07 800095214878 03/29/07--01014--001 **500.00			

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: *Terrance J. Jerelds*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date March 5, 2007 813-323-5281
Daytime Phone #