

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000095872

1. Entity Name
ALTERNATIVE HEALTH QUEST, INC



FILED

07 AUG 24 AM 8:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

[Handwritten signature]



REINSTATEMENT 06-07

Principal Place of Business
**508 S. BLOXAM AVE
MINNEOLA, FL 34711 US**

Mailing Address
**P.O. BOX 180
MINNEOLA, FL 34755**

2. Principal Place of Business - No P.O. Box #
508 S. Bloxam

3. Mailing Address
P.O. Box 767

City & State
Minneola FL

City & State
Minneola FL

Zip
34715

Country
USA

Zip
34755

Country
USA

4. FET Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUGGAR, JOAN
508 S. BLOXAM AVE
MINNEOLA, FL 34711**

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 *Barbara Joan Duggar* **BARBARA JOAN DUGGAR** **8/21/07**

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUGGAR, JOAN 508 S. BLOXAM AVE MINNEOLA, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800108594986 08/24/07--01029--014 **300.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Barbara Joan Duggar* **Barbara J. Duggar** **8/21/2007** **352-241-4855**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone