

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 30 AM 10: 55

DOCUMENT # P04000110010

1. Corporation Name

Quest - Insurors, Inc.

900154302689
04/30/09--01007--009 **1050.00

REINSTATEMENT 07-09KS

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

16216 Sierra de Avila

3. Mailing Office Address

201 North Franklin Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2000

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33613

Country

USA

Zip

33613

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07-26-2004

5. FEI Number
20-1425382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75

7. Name and Address of Current Registered Agent

Name

Carter B. McCain

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

201 North Franklin Street

Suite, Apt. #, Etc.

Suite 2000

City

Tampa

State

FL

Zip Code

33602

☐ 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 617.0501, F.S.

Signature of
Registered Agent

Carter B. McCain

Date

4/21/09

REGISTERED AGENT MUST SIGN

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
PSTD	George W. Connley	POB 217464	Tampa, Florida 33688

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:

George W. Connley

George W. Connley

4/21/09

Date

813-273-4226

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR