


2008 FOR PROFIT CORPORATION REINSTATEMENT


1082

DOCUMENT # P06000004279		
1. Entity Name R QUE.NET, INC		

Principal Place of Business 1001 NW 62ND STREET FORT LAUDERDALE, FL 33029	Mailing Address 1001 NW 62ND STREET FORT LAUDERDALE, FL 33029
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2. Principal Place of Business - No P.O. Box # Suite # 309		3. Mailing Address Suite # 309	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent SORTINO, VINCENT J 1001 NW 62ND STREET FORT LAUDERDALE, FL 33029	
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FILED
08 MAY -6 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05/04/07 90099 030 \$150.00

REINSTATEMENT 07-08
05012008 REINSTATEMENT CR2ED98 (1/07)
4. FEI Number
66-1767946
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) Suite # 309	
City	FL Zip Code

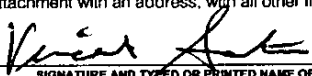
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORTINO, VINCENT J 1001 NW 62ND STREET FORT LAUDERDALE, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Suite # 309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900128565649 05/06/08--01007--004 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  2 MAY 08 954.491-2580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

262

MARTIN WEISS
PO Box 25836
Tamarac FL 33320
954.993.4568

3 May 2008

**Division of Corporations
P.O. Box 6327
Tallahassee FL 32314**

**RE: R Que.Net, Inc
P06000004279**

Gentlemen:

When we tried to renew the annual corporate renewal, we discovered that the corporation was dissolved last year.

We were able to reach Ms Cauley who advised us that you sent us letter on 21 May 2007 regarding this matter. However, we never received that letter.

We had paid the \$150.00 renewal fee for last year with our application for renewal.

Enclosed you will find our request for reinstatement and our check for this year.

I hereby request that you waive the reinstatement fee and reinstate our corporation.

Thanking you in advance for your consideration to our request. I remain

Very truly yours,


Martin Weiss

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