

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000007912

1. Corporation Name

Quest Marketing Inc

700009863347
01/06/03--01040--007 **150.00

REINSTATEMENT 98-03

2. Principal Office Address

910-33 SE Olive Way
9532 S.E. Duncan St
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Hobe Sound

City & State

Zip

33455

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-01-93

5. FEI Number

65-0391002

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Beverly Pipes

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

9532 S.E. Duncan St

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

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

Beverly Pipes

REGISTERED AGENT MUST SIGN

Date 10.29.02

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	Beverly Pipes	9532 SE Duncan St	Hobe Sound, FL 33455

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 under section 119.07(3)(i), 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:

Beverly Pipes
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.28.02

Daytime Phone #

772-546-6396

CR2E081 (9/01)