

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR

REINSTATEMENT

SECRETARY OF STATE

Division of Corporation

96-97 AR

pg. 1 of 2

DOCUMENT #

1. Corporation Name

PERSONAL QUEST inc

Principal Place of Business

Mailing Address

12880 SW 11 PL

DAVIE FL 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12880 SW 11 PL

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

DAVIE FL

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

Jan 1st 95

5. FEI Number

65-0561424

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T/S	SANYA DAVIS	12880 SW 11 PL DAVIE FL 33325	DAVIE FL 33325

600002209236--9  
-06/11/97--01106--013  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DANIEL G. GASS  
10001 N.W. 50TH STREET  
SUITE 204  
SUNRISE, FL. 33351

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

6/5/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)

W.B.D. Accounting, Inc.

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10001 N.W. 50th Street  
Suite 204  
Sunrise, FL 33351

(954) 746-0156  
Fax: (954) 746-7690

May 30, 1997

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

RE: PERSONAL QUEST, INC.  
EIN: 65-0561424

Dear Sir/Madam:

We are writing at the request of the above client with reference to their Corporate Annual Report that was due May 1, 1997.

Please be advised that our client had never received the Annual Report from your office, as it was evidently sent to a previous address. Notification of change of address was filed, but apparently it never reached your office.

We would therefore appreciate your forwarding a Corporate Annual Report to our client at the following address:

Personal Quest, Inc.  
12880 S.W. 11 Place  
Davie, FL 33325

Furthermore, we would respectfully request that, due to these mitigating circumstances, any penalty be waived. Thank you for your cooperation in this matter.

Very truly yours,  
WBD ACCOUNTING, INC.

Robert E. Gass

REG:tb

cc: Client

F:\WPDOCS\WBD\CLIENT\PERSONAL QUEST.LTR

Client spoke with  
Stacy Prather - told  
fee would be \$365.00  
We also enclose a further  
\$10.00 for copy of original  
Articles of Incorporation  
for you.