

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000024788

1. Corporation Name

MED QUEST, INC.

Principal Place of Business

906 CENTRAL AVE
SAINT PETERSBURG FL 33705

Mailing Address

906 CENTRAL AVE
SAINT PETERSBURG FL 33705

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1995

5. FEI Number

59-3297277

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WHITE, RICHARD M	906 CENTRAL AVE	SAINT PETERSBURG FL 33705

8. Name and Address of Current Registered Agent

WHITE, RICHARD M
906 CENTRAL AVE
SAINT PETERSBURG FL 33705

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CH2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-5-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-5-02



HOME MEDICAL EQUIPMENT

November 4, 2002

To: Florida Department of States
Division of Corporations

Re: Reinstatement of MedQuest Corporation

We did not receive the two prior uniform business report notices. Last year we had a lapse in our status, but was reinstated as of December 6, 2001. This may have caused us to be temporarily removed from the mailing list.

Enclosed is our application for reinstatement and a check for the fees.

Thank you,

A handwritten signature in black ink, appearing to be "R. White", with a long horizontal flourish extending to the right.

Richard White, President
MedQuest, Inc.