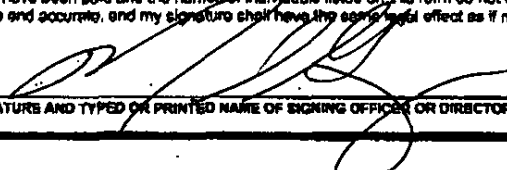


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 998000043169			
1. Corporation Name CyberQuest Group, Inc			
2. Principal Office Address 13010 Morris Rd. Suite, Apt. #, etc. 6TH Floor City & State Alpharetta Zip 30004 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State GA Zip Country 	
		4. Date Incorporated or Qualified To Do Business in Florida 5-13-98	
		5. FEI Number 65-0899977 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☒ Additional Fee required for Certificate of Status	
7. Name and Address of Current Registered Agent			
Name WYLY WADE			
Street Address (P.O. Box Number is Not Acceptable) 3921 W. BAY AVE			
Suite, Apt. #, Etc. 			
City Tampa		State FL	Zip Code 33616
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 		Date 5-3-05	
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
Pres.	GRAY, MARK E.	14280 morning mtn. way	Alpharetta, GA 30004
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: 		Date 5-3-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 404-543-2230	