

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -4 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # pg8000043169

1. Corporation Name

Cyberquest Group, Inc.

**REINSTATEMENT** 02-03

2. Principal Office Address

1235 HADDENHAM DR.

3. Mailing Office Address

same

Suite, Apt. #, etc.

-

Suite, Apt. #, etc.

-

City & State

Cumming, GA

City & State

same

Zip

30041

Country

USA

Zip

same

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0899977

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

700025223927  
12/04/03--01016--025 \*\*308.75

**7. Name and Address of Current Registered Agent**

Name

WYLY WADE

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

3921 W. Bay Avenue

Suite, Apt. #, Etc.

City

Tampa, FLORIDA

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 12-2-03

**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.	Mark Gray	1235 HADDENHAM DR.	Cumming, GA 30041
Sec.	Mark Gray	1235 HADDENHAM DR.	Cumming, GA 30041

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-03

Date

770-781-6500

Daytime Phone #

CR2E081 (10/02)

# CyberQuest

Group, Inc.

December 2, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32314

Gentlemen:

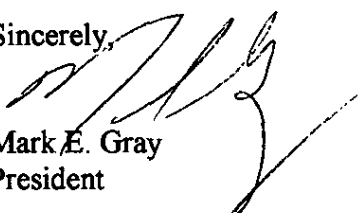
I am the principle officer and director of CyberQuest Group, Inc. and have moved to Atlanta, Georgia. As such, I did not receive a renewal form for 2002 and/or 2003. Please find enclosed:

- a) a completed reinstatement form, and;
- b) a check in the amount of \$308.75.

I was instructed to forward this amount in payment of \$150 for 2002 and 2003, plus the additional \$8.75 for a certificate of good standing. Your attention in this matter is appreciated.

Should you need to reach me regarding this matter, please call (770) 781-6500.

Sincerely,

  
Mark E. Gray  
President