

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000053469			
1. Corporation Name QUEST COUNSELING CENTRE, INC.			
Principal Place of Business #01 CENTER POINTE CIRCLE SUITE 1549 ALTAMONTE SPRINGS FL 32701 US		Mailing Address 401 CENTER POINTE CIRCLE SUITE 1549 ALTAMONTE SPRINGS FL 32701 US	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 06/09/1998	
		5. FEI Number 59-3516887	Applied For <input checked="" type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	DELGADO, LUIS	2020 EPIC COURT	DELTONA FL 32738
			500061687725 11/28/05--01003--015 **1050.00
			500061687725 11/28/05--01003--015 **8.75
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DELGADO, LUIS 2020 EPIC COURT DELTONA FL 32738		Name N/A	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
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 		Date 11/17/05	
REGISTERED AGENT MUST SIGN			
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: 		Date 11/17/05 Daytime Phone # 386-532-1162	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E040 (7/03)