

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -5 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000001634

1. Corporation Name

Language Quest Int'l Inc.

2. Principal Office Address - No P.O. Box #

14901 Glasgow Ct.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33624

Country

US

3. Mailing Office Address

14901 Glasgow Ct.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33624

Country

US

500155463645
05/05/09--01039--026 **796.25

REINSTATEMENT

05-09

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/07/1999

5. FEI Number
593549493

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Florida Incorporators, Inc.

Street Address (P.O. Box Number is Not Acceptable)
8875 Hidden River Parkway

Suite, Apt. #, Etc.
Ste. 300

City
Tampa

State
FL

Zip Code
33637

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Mark Hankins **President (Mark Hankins)**

Date 4/29/09

REGISTERED AGENT MUST SIGN

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
PVTS	Michael A. Meszaros	14901 Glasgow Ct.	Tampa, FL 33624

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 contained in Chapter 119, 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:

Michael Meszaros
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2009
Date

813-417-4022
Daytime Phone #

5/11/09