

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG 19 PM 2:22

TALLAHASSEE, FLORIDA

DOCUMENT # P99000055637

1. Corporation Name

Passion Quest, Inc.  
P.O. Box 560914  
Rockledge, FL 32956

2. Principal Office Address

P.O. Box 560914

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32956

Country

Brevard

3. Mailing Office Address

P.O. Box 560914

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

Brevard

4. Date Incorporated or Qualified  
To Do Business in Florida

June 18, 1999

5. FEI Number

59-3594627

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

Derrick L. Jenkins

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

414 Lenore Court

Suite, Apt. #, Etc.

City

Rockledge

State

FL

Zip Code

32955

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

*Derrick L. Jenkins*

Date

8/16/05

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
President	Derrick L. Jenkins	414 Lenore Court	Rockledge, FL 32955

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08/19/05--01037--002 \*\*1500.00

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:

*Derrick L. Jenkins* Derrick L. Jenkins

Date

8/16/05

Daytime Phone #

(321) 427-3089

M. Williams AUG 19 2005