

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 OCT -2 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000086323**

1. Corporation Name

**Dataquest Technologies, Inc.**

100003417481--2  
-10/06/00--01115--010  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

**3051 N. FEDERAL HWY**

Suite, Apt. #, etc.

**Suite 201**

City & State

**FT. LAUDERDALE, FL**

Zip  
**33306**

Country

**US**

3. Mailing Office Address

**3051 N. FEDERAL HWY**

Suite, Apt. #, etc.

**Suite 201**

City & State

**FT. LAUDERDALE, FL**

Zip

**33306**

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**9/27/99**

5. FEI Number

**65-0965389**

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

**GARY HOPPE**

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

**7138 VIA FIRENZE**

Suite, Apt. #, Etc.

City

**Boca Raton**

State  
**FL**

Zip Code

**33433**

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

REGISTERED AGENT MUST SIGN

Date **9/29/00**

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/D	GARY HOPPE	7138 VIA FIRENZE	BOCA RATON, FL 33306
VP/D	HOWARD HELLMAN	777 BAYSHORE DR #1204	FT. LAUDERDALE, FL 33304

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/29/00**

**954 568 5528**

CR2E081 (9/99)

**Dataquest Technologies,  
Inc.**

3051 N. Federal Hwy, Suite 201, Ft. Lauderdale, FL 33306  
Tel (954) 568-5528  
Fax (954) 568-5140

Peg Zell

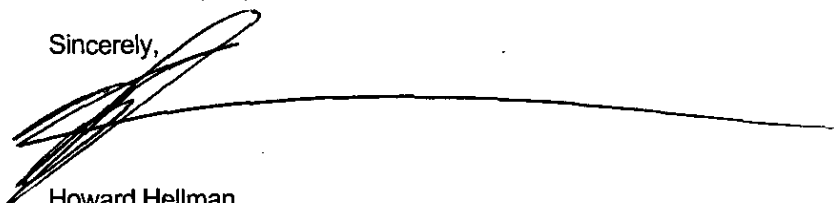
September 29, 2000

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Thank you for your department's cooperation and the information you have provided on reinstating our corporation. Dataquest Technologies has not received your correspondence regarding the submission of our annual report. I am requesting your consideration that the fine be waived, based on the fact that we did not receive notification. If you have any questions, or need additional information please contact us at the company's location.

Sincerely,



Howard Hellman  
Vice President

Encl: Corporation Reinstatement