


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000000922 1. Entity Name 4Q, LLC	
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FILED

2009 JAN 15 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

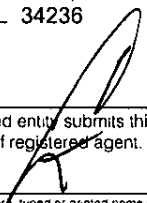


Principal Place of Business 1680 FRUITVILLE RD, STE 102 SARASOTA, FL 34236 US	Mailing Address 1680 FRUITVILLE RD, STE 102 SARASOTA, FL 34236 US
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2. Principal Place of Business - No P.O. Box # 1713 MAIN STREET Suite, Apt. #, etc. SUITE 100A City & State SARASOTA FL Zip 34236	3. Mailing Address 4509 BEE RIDGE RD Suite, Apt. #, etc. SUITE A City & State SARASOTA FL Zip 34233	11202008 REIN-LLC CR2E101 (1/07)	4. FEI Number 20-0585006 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent GATES, CHAD L 1680 FRUITVILLE RD, STE 102 SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name CHAD L GATES Street Address (P.O. Box Number is Not Acceptable) 1713 MAIN STREET SUITE 100A City SARASOTA FL Zip Code 34236
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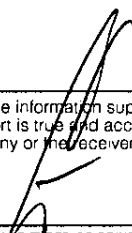
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 1/24/09

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 4 Q LLC 8313 EAGLE LAKE DR SARASOTA, FL 34241 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOUR Q, LLC. 1713 MAIN STREET, SUITE 100A SARASOTA FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEINSMAN, CARL 8405 LONE EAGLE WAY SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER CARL HEINSMAN 7563 ST. MARLO C.C. PARKWAY DULUTH GA 30097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 1/24/09 DAYTIME PHONE #: 941-955-0703