

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -1 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000049345

1. Limited Liability Company's Name

QUATRO DEVELOPMENT, LLC

600146471966
03/20/09--01014--023 **416.25
CR2E041 (10/08)

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

12800 Hibiscus Ave

Suite, Apt. #, etc.

3. Mailing Office Address

12800 Hibiscus Ave

Suite, Apt. #, etc.

4. State/Country of Formation

FL Pinellas

5. Date Organized or Qualified To Do Business in Florida

5-18-05

City & State

ST Pete FL

City & State

Seminole FL

6. FEI Number

203192823

Applied For

Not Applicable

Zip

33776

Country

Pinellas

Zip

33776

Country

Pinellas

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

PAUL GERALD SUABEK

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

12800 Hibiscus Ave

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33776

A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Paul Gerald Suabek

Date

3-18-09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MBRM</u>	<u>PAULYNN WILLIS</u>	<u>10537 Dixon Drive</u>	<u>Seminole FL 33772</u>
<u>MBRM</u>	<u>JASON SANCHEZ</u>	<u>6161 STA AVE S ST PETE FL 33707</u>	<u>ST PETE FL 33707</u>

REINSTATEMENT

09-09

1W0900004037

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Paulynn Willis

Date

3-18-09

Daytime Phone #

727-560-4257

Typed or printed name of signing Managing Member/Manager

PAULYNN WILLIS