

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # L03000032729

1. Limited Liability Company's Name
QUICK CAPITAL, LLC

700065075227
02/02/06--01020--005 **250.00

CR2E041 (8/05)

2. Principal Office Address
5227 NORTH DIXIE HWY

3. Mailing Office Address
5227 NORTH DIXIE HWY

Suite, Apt. #, etc.
SUITE A2

Suite, Apt. #, etc.
SUITE A2

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

Zip
33334

Country
USA

Zip
33334

Country
USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida 08/25/2003

6. FEI Number
20-0704579

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
BRIAN LYNN

Street Address (P.O. Box Number is Not Acceptable)
TWO S UNIVERSITY DRIVE

Suite, Apt. # Etc
SUITE 215

City
PLANTATION

State Zip Code
FL 33324

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 *Brian Lynn*

Date 01/18/2006

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
MGR	MICHAEL PRAVER	5227 NORTH DIXIE HWY STE A2	FORT LAUDERDALE, FL 33334

REINSTATEMENT 04-06

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 *Michael Praver*

Date 01/18/2006 Daytime Phone# 800-801-1616

Typed or printed name of signing Managing Member/Manager MICHAEL PRAVER