

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2012 JAN 24 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000219416200  
01/24/12--01028--012 \*\*580.00

CR2E041 (1/11)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 01000000 628

1. Limited Liability Company's Name  
Quantum Investment Partners, LLC

2. Principal Office Address - No P.O. Box # <u>11743 S. Dixie Hwy</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State	
Zip <u>33156</u>	Country	Zip	Country

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
1/12/2001

6. FEI Number  
651083995

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 New

Name  
Michael A Phillips

Street Address (P.O. Box Number is Not Acceptable)  
445 Grand Bay Dr # 901

Suite, Apt. #, Etc.  
901

City  
Key Biscayne

State  
FL

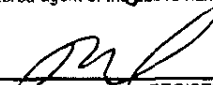
Zip Code  
33149

E-mail Address:

Fax #  
305-365-2626

(To be used for future annual report notices)

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 X  Date 1/23/2012

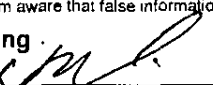
REGISTERED AGENT MUST SIGN

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>Mgr</u>	<u>Maria E Phillips</u>	<u>445 Grand Bay Dr #901</u>	<u>Key Biscayne FL 33149</u>
<u>Mgr</u>	<u>Michael A Phillips</u>	<u>445 Grand Bay Dr #901</u>	<u>Key Biscayne, FL 33149</u>

**REINSTATEMENT**  
09-12 ac 152

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager X  Date 1/23/2012 Daytime Phone # 713-412-2740

Typed or printed name of signing Managing Member/Manager Michael A Phillips