

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 26 PM 4:40



1. DOCUMENT # L01000005012

Name and Mailing Address

0002220 01 FP 0.352 **PRSRT T7 0 0615 33144-400253



QUANTUM DEVELOPMENTS, LLC
8500 SW 8TH STREET, SUITE 228
MIAMI FL 33144-4002

REINSTATEMENT 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 8500 SW 8TH STREET, SUITE 228 MIAMI FL 33144		5. Date Organized or Qualified To Do Business in Florida 03/29/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1087657 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

MACHADO, JOSE
8500 SW 8TH STREET, SUITE 228
MIAMI FL 33144

9. Name and Address of New Registered Agent

Name JOSE MACHADO
Street Address (P.O. Box Number is Not Acceptable)
8500 S.W. 8 STREET
SUITE 228
City MIAMI FL Zip Code 33144

10. 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

REGISTERED AGENT MUST SIGN

Date 11/25/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGAM	VICTORIA REAL ESTATE MANAGEMENT, INC.	8500 S.W. 8 STREET SUITE 228	MIAMI, FL 33144
MGAM	ALEXDEX CORPORATION	7270 N.W. 12 STREET PENTHOUSE I	MIAMI, FL 33124

500009231315
11/26/02--01088--007 **150.00

12. 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

Date 11/25/02 Daytime Phone # 305 262 6533

Typed or printed name of signing Managing Member/Manager

Augustin Herran