

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

02 DEC 23 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR
REINSTATEMENT
SMALL BUSINESS
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000008138

Name and Mailing Address

0004480 01 FP 0.352 **PRSR T4 0 0615 33442-810572



QUIET WATERS 7, LLC
372 S. POWERLINE RD.
DEERFIELD BEACH FL 33442-8105

900009647769
12/23/02--01113--005 **155.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1350 N.E. 55TH STREET SUITE 200 FT. LAUDERDALE FL 33334		5. Date Organized or Qualified To Do Business in Florida 05/22/2001	
3. New Principal Place of Business Address 372 S. Powerline Rd City, State, Zip Deerfield Beach, FL 33442		6. FEI Number 65-1105969 Applied For Not Applicable	
8. Name and Address of Current Registered Agent SKIENNIK, KIMBERLY A 372 S. POWERLINE RD. DEERFIELD BEACH FL 33442		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 Date 10-29-02 REGISTERED AGENT MUST SIGN			
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
PRES	Susan M. Carastro	372 S. Powerline Rd.	Deerfield Beach, FL 33442
V. PRES	Kimberly A. Skienlik	372 S. Powerline Rd.	Deerfield Beach, FL 33442

REINSTATEMENT

TB

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 10-29-02

Daytime Phone # 561-310-1269

Kimberly A. Skienlik