

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 17 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Quiet Waters 7 L.L.C.

2. Principal Office Address

372 S. Powerline Rd

Suite, Apt. #, etc.

3. Mailing Office Address

372 S. Powerline Rd

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL.

City & State

Deerfield Beach FL.

Zip

33442

Country

USA

Zip

33442

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

5/22/01

6. FEI Number

65-1105969

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

Kimberly A. Skielnik

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

372 S. Powerline Rd

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-15-03

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
Pres	Susan M. Carastro	372 S. Powerline Rd	Deerfield Beach, FL. 33442
V Pres	Kimberly A. Skielnik	372 S. Powerline Rd	Deerfield Beach, FL. 33442

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

[Signature]

Date 10/15/03

Daytime Phone # 561-310-1269

Typed or printed name of signing Managing Member/Manager

Kimberly A. Skielnik