

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011873

Name and Mailing Address

0003701 01 FP 0.352 **PRSR T2 0 0615 33401-585999



QUADRILLE PROPERTIES COMPANY, L.C.
420 HIBISCUS ST
SUITE 100
WEST PALM BEACH FL 33401-5859

400009213264
11/25/02--01091--001 **50.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

420 HIBISCUS ST
SUITE 100
WEST PALM BEACH FL 33401

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/19/2001

6. FEI Number

57-1129875

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

LIMEHOUSE, RICHARD R
269 PARK AVE
PALM BEACH FL 33480

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

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
MGR	SHELLEY STEIN	420 Hibiscus Street, Suite 100 West Palm Beach, FL 33401	

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

SHELLEY STEIN

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

L01000011873

29/2

Limehouse Properties of Florida

420 Hibiscus Street, Suite 100

West Palm Beach, FL 33401

(561) 833-0530 - Fax (561) 655-5190

11-1-02

RE: L01000011873 QuadRIIE Prop.

We RECEIVED the REINStatement
Application, But Never Received
AN THE NOTICE OR INVOICE
that the Renewal was due.

Would you please check your
records, We would like to
SEE why we must pay
A REINStatement fee.

Thank - you
Shelley Stein
SHELLEY STEIN

561-655
1245

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TALLAHASSEE FLORIDA

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NOV 07 2002