LIMITED ABOUTY FLOUID	DE ART EL O STE Secutações SION OF CORPORATIONS	OMP ETING THE STATE OF A PER 12	COMPOSITIONS THE STATE THE S	4
REINSTATEMENT 2009 Quincy Equities, LCC 2. Principal Office Address 3. Malling C	ine-		1 (1/2)	
Suite B-15 City & State Orlando, FL. Zip Country Zip Country Zip Country Zip	Country	5. Date Organized or Quit To Do Business in Flor 6. FEI Number 01-0728 7. CERTIFICATE OF STATUS	alified $6/27/62$	olied For t Applicable Fee required e of Status
Name MITHICL FALCON Street Address (P.O. Box Number is Not Acceptable) 440 3 YINICLAUD (Suite, Apt. #, Etc. B-15 City O'QUANDO	_	ed Agent State	Zip Code 32.87/	(2
9. I, being appointed the registered agent of the above named limits Signature of Registered Agent REGISTERED AG	nd liability company, am familiar with and SENT MUST SIGN	accept the obligations of Cha	4/8/c4	CR2E041 (10/02)
10. Names and Street Addresses of Managing Members/Managem	S		_	
Titles Name of Managing Members/Managers	Street Address of Eac Managing Member/Mana		City / State / Zip	
Lightnewich Faccorle	4463 VINLAND AD	B-15 OR	ANGEL 32	81/
DEMOTATEMENT 2	003- _{6.}			
11. I certify that I am managing member/manager or the receiver of filing this reinstatement application the reason for dissolution has all fees owed by the limited liability company have been paid. The as if made under oath. Signature of Managing Member/Manager	s been eliminated, the limited liability com ne information indicated on this application	pany name satisfies the requi	rements of section 608,406, F.S.	., and that egal effect

Typed or printed name of signing Managing Member/Manager _