PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2019 JAN 16 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FL

500323454335
01/16/19--01023--025 **238.75

LLP1300300071-3
01/16/19--01023--025 **250.75

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L04000030082

1. Limited Liability Company's Name
Quad-M Construction & Development LLC

2. Principal Office Address - No P.O. Box #
1754 NE 46 St
Suite, Apt. #, etc.
City & State
Oakland Park, FL
Zip: 33334
Country: US

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

4. State/Country of Formation
FL / Broward

5. Date Organized or Qualified To Do Business in Florida 4/04

6. FEI Number
76-0757656
☐ 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
REGISTERED AGENTS INC

Street Address (P.O. Box Number is Not Acceptable) Suite
7901 4th Street North, Ste 300
Apt. # Etc.

City: St. Petersburg
State: FL
Zip Code: 33702

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Bill Hamer
REGISTERED AGENT MUST SIGN
Date: 1/11/19

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGMR	Michael L. Teves	1754 NE 46 St	Oakland Park, FL 33334

11. E-mail Address: Mike@Quad-M.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 1-11-19 Daytime Phone #: 954-253-6365

Typed or printed name of signing authorized representative/member: K. ASHTON