L05000082055

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV -2 PM 4:16

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300187357433
11/03/10--01001--003 **238.75

CR2E041 (05/10)

DOCUMENT # L05000082055

1. Limited Liability Company's Name
Quality Center Development, LLC

2011

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18901 SW 106 Ave.	18901 SW 106 Ave.
Suite, Apt. #, etc #124	Suite, Apt. #, etc #124
City & State Miami, FL	City & State Miami, FL
Zip / Country 33157 / U.S.A.	Zip / Country 33157 / U.S.A.

4. State/Country of Formation
Florida, U.S.A.

5. Date Organized or Qualified To Do Business in Florida
8/18/05

6. FEI Number
161730764
☐ 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
CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
515 East Park Ave.

Suite, Apt. #, Etc

City: Tallahassee | State: FL | Zip Code: 32301

BK

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: Michele Holden
Michele Holden, Asst. Secretary
Date: 11/02/10
REGISTERED AGENT MUST SIGN

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
MGR	Wilever Rhoales	8770 Sunset Drive #4103 Miami, FL 33172	
MGR	Stephen A. Stepner	8770 Sunset Drive #4103 Miami, FL 33172.	
	REINSTATEMENT	2010	

11. E-mail Address: mary@centreatcutlerbay.com
(To be used for future annual report notifications)

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: Wayne G. Receiver — QUALITY CENTER DEVELOPMENT
Date: 10-27-10 Daytime Phone #: 305 926 6363

Typed or printed name of signing Managing Member/Manager: WAYNE GINTER RECEIVER