

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 30 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000101248

1. Limited Liability Company's Name

QUAIL ENTERPRISES LLC

800162358408

11/02/09--01001--003 **138.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

451 HAVANA HIGHWAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

QUINCY, FL

City & State

Zip

32352

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified

To Do Business in Florida 10/5/2007

6. FEI Number

☐ 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

ROBERT G. WHITE

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

451 HAVANA HIGHWAY

Suite, Apt. #, Etc.

City

QUINCY

State

FL

Zip Code

32352

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Robert G. White
REGISTERED AGENT MUST SIGN

Date 10/30/09

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
MGRM	ROBERT G. WHITE	451 HAVANA HIGHWAY	QUINCY, FL 32352

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

Robert G. White

Date 10/30/09

Daytime Phone #

850/507-2177

Typed or printed name of signing Managing Member/Manager