

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Quick Cople America, L.C.

297000000915

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

2. Principal Office Address

3. Mailing Office Address

6230-0 Sevens Dr

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

City & State

City & State

Boca Raton

Zip

Country

Zip

Country

33433

4. State/Country of Formation

FLORIDA - U.S.

5. Date Organized or Qualified  
To Do Business in Florida

Aug 19/97

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

CHARLES DEUITO

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

SAME AS ABOVE

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date Dec. 18/00

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	B. Polio/b	SAME AS ABOVE	Boca Raton FL
mgr	N. Burnash		33433

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

*[Signature]*

Date

Dec. 18/00

Daytime Phone #

56-883-1799

Typed or printed name of signing Managing Member/Manager

NORM BURNASH

CR2E041 (9/99)