PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -9 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001672

1. Limited Liability Company's Name

2400 Quantum, L.C.

03

2. Principal Office Address	3. Mailing Office Address
2500 QUANTUM LAKES DR	2500 QUANTUM LAKES DR
Suite, Apt. #, etc. STE 101	Suite, Apt. #, etc. STE 101
City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL
Zip 33426 Country USA	Zip 33426 Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 8/28/98

6. FEI Number 65-0860571 ☐ 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: FIORENZO BRESOLIN

Street Address (P.O. Box Number is Not Acceptable): 2500 QUANTUM LAKES DR.

Suite, Apt. #, Etc.: STE 101

City: BOYNTON BEACH, FL | State: FL | Zip Code: 33426

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 _____ REGISTERED AGENT MUST SIGN Date 11/09/04

CR2E041 (10/03)

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
MM	QQUANTUM LIMITED PARTNERS, LT	2500 QUANTUM LAKES DR, ST 101	BOYNTON BEACH, FL 33426
MM	SECURED HOLDINGS, INC.	7 CORPORATE PLAZA	NEWPORT BEACH, CALIF 92660
	REINSTATEMENT 2003-2004		000042603520

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 _____ Date 11/09/04 Daytime Phone # 561.740-2447

Typed or printed name of signing Managing Member/Manager _____

CORPORATION SERVICE COMPANY

L98000001672

ACCOUNT NO. : 072100000032

REFERENCE : 962721 10463A

AUTHORIZATION : Patricia Pujato

COST LIMIT : $ 200.00

ORDER DATE : November 9, 2004

ORDER TIME : 11:13 AM

ORDER NO. : 962721-005

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln
Cohen Norris Scherer
Suite 400
712 U.s. Highway 1
North Palm Bch, FL 33408-7146

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: 2400 QUANTUM, L.C.

BK

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TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____