## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY COMP								
DOCUMENT # 19 000003 2 7 6  1. United Lizelity Company's Name 2500 Quantum, LLC  2. Principal Office Address 2560 Quantum Lakes Drive 3. Maling Office Address 2560 Quantum Lakes Drive 3. Maling Office Address 3. Suite 101  5. Des Cognitive of Formation Florida  6. FEI Number 65-0930391  Applied For North Palm Beach, FL  250 261 Country 262 273 284 Country 285 Country 33408  8. Name and Address of Current Registered Agent  Name MacDonald, Douglas B.  Street Address (P.O. Box Number in Not Addressible)  6. Libering appointed the registered Agent  9. Libering appointed the registered Address of Managing Membershakinages  10. Names and Street Address of Managing Membershakinages  Titles  MacDonald, Douglas B.  2500 Quantum Lakes Dr., Suite 10  8. Name and Address of Box Number in Not Address of Box Number in	C	OMPANY	Secret	ary of State		RETARY OF STATE OF CORPORATIONS		
Suite Apt. #, etc.   Suite 400   Suite Apt. #, etc.   Suite 400   Suite Apt. #, etc.   Suite 400   Suite 101   Suite 400   Suite 400   Suite 101   Suite 400   S	1. Limited Liability Company's Name							
State   Zip   Country   Zip   Country   Zip   Country   Palm Beach   7. CERTIFICATE OF STATUS DESIRED	712 US Highway One         2560 C           Suite, Apt. #, etc.         Suite, Apt. #,           Suite 400         Suite 1           City & State         City & State			um Lakes Drive	Florida  5. Date Organized or Qualified To Do Business in Florida 06/08/1999			
B. Name and Address of Current Registered Agent  Name MacDonald, Douglas B.  Street Address (P.O. Box Number is Not Acceptable)  C/o MFT Development, Inc. 2500 Quantum Lakes Dr.  Suite, Apt. #, Etc.  Suite 101  City Boynton Beach, FL  Buttered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 609, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers  Name of Managing Members/Managers  Name of Managing Members/Managers  Street Address of Each Managing Members/Managers  Name of MacDonald, Douglas B.  2500 Quantum Lakes Dr., Suite 10  Boynton Beach, FL 33436  11. Locally that Lan managing member/manager or the receiver or trastee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when all fees overly be initiated tability company name satisfies the requirements of section 608 408, F.S., and that all fees overly be initiated liability company name satisfies the requirements of section 608 408, F.S., and that all fees overly be initiated liability company name satisfies the requirements of section 608 408, F.S., and that all fees overly be initiated liability company name satisfies the requirements of section 608 408, F.S., and that all fees overly be initiated liability company name satisfies the requirements of section 608 408, F.S., and that all fees overly be initiated liability company name satisfies the requirements of section 608 408, F.S., and that all fees overly be initiated liability company name satisfies the requirements of section 608 408, F.S., and that all fees overly be initiated liability company name satisfies the requirements of section 608 408, F.S., and that all fees overly be initiated liability company name satisfies the requirements of section 608 408, F.S., and that all fees overly be initiated that the requirements of section for the same feet of the section for the same feet of the same feet of the same feet of the	Zip	Country	Zip	Country	7.	\$5.00 Ad	Not Applicable	
Name MacDonald, Douglas B.  Street Address (P.O. Box Number is Not Acceptable) c/o MFT Development, Inc. 2500 Quantum Lakes Dr.  Suite, Apt. #i, Etc.  Suite 101  City Boynton Beach, FL  Sizet Zip Code FL  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  10. Names and Street Addresses of Managing Members/Managers  Titles  Managing Members/ Managers  Managing Members/ Managers  Managing Members/ Managers  MacDonald, Douglas B.  2500 Quantum Lakes Dr., Suite 10  Boynton Beach, FL 33436  11. Loarlify 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 ministatement application the reason for dissolution has been aliminated, the limited liability company name satisfies the requirements of accion 608 406, F.S., and that all fees own provided that the address as it made under oath.	33408	Palm Beach				or STATUS DESIRED ☑ for a C	ertificate of Status	
Titles Names and Street Addresses of Managing Members/Managers  Titles Managing Members/Managers  Managing Members/Managers  MacDonald, Douglas B.  2500 Quantum Lakes Dr., Suite 10  Boynton Beach, FL 33436  11. Lertify 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 fling 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 flees 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.	MacDonald, Douglas B.  Street Address (P.O. Box Number is Not Acceptable)  c/o MFT Development, Inc. 2500 Quantum Lakes Dr.  Suite, Apt. #, Etc.  Suite 101  City Boynton Beach, FL  State FL  State 7 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							
Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip  MGR MacDonald, Douglas B. 2500 Quantum Lakes Dr., Suite 10 Boynton Beach, FL 33436								
4 01057213604 07/08/0501036020 **155.00  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 filling 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.		Name of				City / State / Zi	p	
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Typed or printed name of signing Managing Member/Manager Douglas B. MAC DONALD								