


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -7 AM 9:45

LIMITED LIABILITY COMPANY
2005 AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000003276

1. Limited Liability Company's Name
2500 Quantum, LLC

2. Principal Office Address 712 US Highway One Suite, Apt. #, etc. Suite 400 City & State North Palm Beach, FL Zip 33408		Country Palm Beach		3. Mailing Office Address 2560 Quantum Lakes Drive Suite, Apt. #, etc. Suite 101 City & State Boynton Beach, FL Zip 33426		Country Palm Beach	
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4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
06/08/1999

6. FEI Number
65-0930391

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
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

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  Date June 29/05

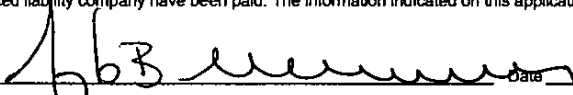
REGISTERED AGENT MUST SIGN

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	MacDonald, Douglas B.	2500 Quantum Lakes Dr., Suite 10	Boynton Beach, FL 33436

400057219604
07/08/05--01036--020 **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 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 _____ Daytime Phone # 561-740-2447

Typed or printed name of signing Managing Member/Manager DOUGLAS B. MAC DONALD

CRZEM1 (10/02)