


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 #

L99-8517

1. Limited Liability Company's Name

Quintana Enterprises, L.L.C.

2. Principal Office Address

304 59th Ave. Dr. W.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34207

Country

USA

3. Mailing Office Address

304 59th Ave. Dr. W.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34207

Country

USA

FILED

00 DEC -1 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

December 7, 1999

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

Alfonso Quintana

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

304 59th Avenue Drive West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34207

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

Alfonso Quintana REGISTERED AGENT MUST SIGN

Date

11/28/00

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
MEM	Alfonso Quintana	304 59th Avenue Drive West	Bradenton, Florida 34207

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

11/28/2000

Daytime Phone # (941) 737-1094

Typed or printed name of signing Managing Member/Manager Alfonso Quintana