PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 FEB -8 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L99000008517

1. Limited Liability Company's Name
QUINTANA ENTERPRISES, L.L.C.

2. Principal Office Address	3. Mailing Office Address
304 59th Ave. Dr. W.	304 59th Ave. Dr. W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton, FL
Zip: 34207 Country: U.S.A.	Zip: 34207 Country: U.S.A.

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 12/7/99
6. FEI Number: 65-0966121 ☐ 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 Ave Dr. West
Suite, Apt. #, Etc.:
City: BRADENTON State: FL Zip Code: 34207

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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 X [signature] REGISTERED AGENT MUST SIGN Date X 2/5/2002

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
M	ALFONSO QUINTANA	304 59th Ave. Dr. West	Bradenton, FL 34207

REINSTATEMENT 01.02 dcc

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 X [signature] Date X 2/5/2002 Daytime Phone # X 941 737-1094 cell 941 751-5287

Typed or printed name of signing Managing Member/Manager ALFONSO QUINTANA