


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
07 MAR 28 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N04000011400					
1. Corporation Name QUANTUM PLACE AT WALKABOUT PROPERTY OWNERS ASSOCIATION, INC.					
2. Principal Office Address 2500 QUANTUM LAKES DR.			3. Mailing Office Address 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	


**REINSTATEMENT 05-07**

CP2E081 (12/05)

4. Date incorporated or Qualified To Do Business in Florida	12/06/2004
5. FEI Number	06-1761261
	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name DAVID NORRIS	
Street Address (P.O. Box Addresses Not Acceptable) 772 U.S. HIGHWAY ONE	
Suite, Apt. #, Etc. STE 400	
City	NORTH PALM BEACH,
State	FL
Zip Code	33408

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503 F.S.

Signature of Registered Agent:  Date: \_\_\_\_\_


REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors):

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MACDONALD, DOUGLAS	2500 QUANTUM LAKES DR., STE 101	BOYNTON BEACH, FL 33426
VD	OLENICOFF, IGOR	2500 QUANTUM LAKES DR., STE 101	BOYNTON BEACH, FL 33426
SD	OLENICOFF, ANDREI	2500 QUANTUM LAKES DR., STE 101	BOYNTON BEACH, FL 33426
TD	BRESOLIN, FIORENZO	2500 QUANTUM LAKES DR., STE 101	BOYNTON BEACH, FL 33426

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119 F.S. 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:  Date: 3/13/07 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR