2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

05 APR 28 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000083950

1. Entity Name
RAILI'S Q OF L, INC.

Principal Place of Business	Mailing Address
4001 SOUTH OCEAN BOULEVARD, #316 SOUTH PALM BEACH, FL 33480	4001 SOUTH OCEAN BOULEVARD, #316 SOUTH PALM BEACH, FL 33480

04162005 REIN-P CR2E098 (6/04) MRD

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1036886 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHOLIN, CHRISTIAN N 505 SOUTH FLAGLER DRIVE SUITE 400 WEST PALM BEACH, FL 33401	Name: ATLANTIC FULCRUM, INC. Street Address (P.O. Box Number is Not Acceptable): 5112 ARBOR GLEN CIRCLE City: LAKE WORTH FL Zip Code: 33463

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature], VP DATE: 4/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $900.00

REINSTATEMENT 04-05

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS [redacted]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAHL, RAILI 4001 SOUTH OCEAN BOULEVARD, #316 SOUTH PALM BEACH, FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700054670257 05/17/05--01033--021 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raili Stahl 4/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #