2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000152871

Name:

Address:

City-St-Zip:

Entity Name: QUANTOM ENTERPRISE, INC.

FILED Sep 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4630 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33067 **New Mailing Address: Current Mailing Address:** 4630 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33067 FEI Number: 77-0617774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PITTER, CARL S 7435 NW 57TH ST TAMARAC, FL 33319 US 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. SIGNATURE: GILLIAN MARTIN Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete () Change () Addition MARTIN, GILLIAN O Name: Name: 4630 NORTH UNIVERSITY DRIVE #337 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: Title: VATD Title: () Delete () Change () Addition Name: MARTIN, BRYAN G Name: 4630 NORTH UNIVERSITY DRIVE #337 Address: Address: CORAL SPRINGS, FL 33067 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition COOTE, CHERRY E Name: Name: 4630 NORTH UNIVERSITY DRIVE #337 Address Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MARTIN, GREGORY

CORAL SPRINGS, FL 33067

4630 NORTH UNIVERSITY DRIVE #337

SIGNATURE: GILLIAN MARTIN P 09/17/2007