

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JAN -8 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L01-7766**

1. Limited Liability Company's Name

**Cole Diversified, LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>10 Nurmi Drive</b>		3. Mailing Office Address <b>10 Nurmi Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>	
Zip <b>33301</b>	Country <b>USA</b>	Zip <b>33301</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>5/16/2001</b>	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <b>James O. Cole</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>10 Nurmi Drive</b>		
Suite, Apt. #, Etc.		
City <b>Fort Lauderdale, FL</b>	State <b>FL</b>	Zip Code <b>33301</b>

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 	Date <b>12/21/07</b>
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REGISTERED AGENT MUST SIGN

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
MGR	James O. Cole	10 Nurmi Drive	Fort Lauderdale, FL 33301
MGR	Ada C. Cole	10 Nurmi Drive	Fort Lauderdale, FL 33301
			500115395795 01/17/08--01027--019 **300.00
			REINSTATEMENT 500115395795 01/17/08--01027--020 **88.75
			2003-2008

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 <b>12/21/07</b>	Daytime Phone # <b>954-328-0299</b>
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Typed or printed name of signing Managing Member/Manager **James O. Cole**