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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED 02 DEC 24 AM 10:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L01000007766

1. Limited Liability Company's Name

Cole Diversified, LLC

2. Principal Office Address

10 Nurmi Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip 33301 Country USA

3. Mailing Office Address

10 Nurmi Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip 33301 Country USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

05/16/01

6. FEI Number

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 James O. Cole

Street Address (P.O. Box Number is Not Acceptable) 10 Nurmi Drive

Suite, Apt. #, Etc.

City Fort Lauderdale,

State FL Zip Code 33301

100009667951 12/24/02--01029--009 **50.00

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 [Signature]

Date 12/10/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Rows include James O. Cole and Ada C. Cole.

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.

Signature of Managing Member/Manager [Signature]

Date 12/10/02

Daytime Phone# 954-527-6629

Typed or printed name of signing Managing Member/Manager James O. Cole, Manager/Member

CR2E041 (9/01)

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COLE DIVERSIFIED, LLC
10 NURMI DRIVE
Fort Lauderdale, Florida 33301

Department of State
Division of Corporations
Attn: Corporation Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314

RE: Cole Diversified, LLC (the "Company")
Document No.: L01000007766

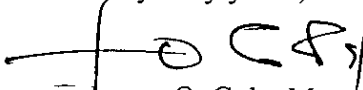
Dear Sir or Madam:

Please accept and file the enclosed executed limited liability company Reinstatement form for the above-referenced Company. Also, enclosed is my check for \$50.00, payable to the Department of State for the 2002 Uniform Business Report filing fee. A 2002 Uniform Business Report was not received at the Company's principal or mailing address; therefore, please waive the reinstatement fee and costs.

Should you have any questions regarding the enclosed, please do not hesitate to contact me at the following number (954) 527-6229.

Thank you in advance for your assistance.

Very truly yours,



James O. Cole, Managing Member