

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 21 PM 4:13

DOCUMENT # L0000000 6561

1. Limited Liability Company's Name

LYCO FINANCIAL L.L.C

2. Principal Office Address

14104 SKYE TERRACE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33446

Country

USA

3. Mailing Office Address

14104 SKYE TERRACE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33446

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6/5/00

6. FEI Number

65-1018608

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

ROBERT L. COLE

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

14104 SKYE TERRACE

Suite, Apt. #, Etc.

100004717921-2

-12/11/01-01016-023

****150.00 ****150.00

City

DELRAY BEACH

State

FL

Zip Code

33446

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

Robert L. Cole

REGISTERED AGENT MUST SIGN

Date 11-18-01

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
PRES	ROBERT L. COLE	14104 SKYE TERRACE	DELRAY BEACH FL 33446
SECY	" "	" " "	" " "
VP	SAZANNE C. COLE	14104 SKYE TERRACE	DELRAY BEACH FL 33446

REINSTATEMENT 2001

Rein 100
UBR 50
150 KP

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

Robert L. Cole

Date

11/18/01

Daytime Phone #

561-498-8654

Typed or printed name of signing Managing Member/Manager