

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -8 AM 10:47

DOCUMENT # L00000006561

1. Limited Liability Company's Name

LYCO FINANCIAL, L.L.C.

REINSTATEMENT 04-05

2. Principal Office Address

8887 Majorca Bay Drive

Suite, Apt. #, etc.

3. Mailing Office Address

8887 Majorca Bay Drive

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

City & State

Lake Worth, Florida

Zip

33467

Country

USA

Zip

33467

Country

USA

4. State/Country of Formation

FLORIDA, 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)

8887 Majorca Bay Drive

Suite, Apt. #, Etc.

City

Lake Worth, Florida

State

FL

Zip Code

33467

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

2/17/05

**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.	Robert L. Cole	8887 Majorca Bay Drive	Lake Worth, FL 33467
Mgr.	Suzanne C. Cole	8887 Majorca Bay Drive	Lake Worth, FL 33467
			000048400078 03/15/05--01012--001 **\$0.00
			000048400130 03/15/05--01012--002 **\$150.00

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

2/17/05

Daytime Phone #

561-304-0951

Typed or printed name of signing Managing Member/Manager

**BUTZEL LONG**  
ATTORNEYS AND COUNSELORS

Paul A. Baldovin, Jr.  
561 362 3460  
baldovin@butzel.com

Suite 420 1200 North Federal Highway  
Boca Raton, Florida 33432  
T: 561 368 2151 F: 561 368 4668  
butzel.com

*Certified by the Florida Board of  
Legal Specialization and Education  
as Wills, Trusts and Estates Lawyer*

February 17, 2005

**VIA FEDERAL EXPRESS**

Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: LYCO FINANCIAL, L.L.C.  
Document No.: L00000006561

Dear Sir or Madam:

I enclose herewith the limited liability company reinstatement for the above referenced entity for filing, together with its check in the amount of \$150, representing the \$100 reinstatement fee and the Annual Report fee for the year it was administratively dissolved.

Thank you for your prompt attention to this matter.

Very truly yours,

  
Paul A. Baldovin, Jr.

PAB:cal  
Enclosures  
cc: Robert L. Cole