

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

06 APR 24 AM 10:21

DOCUMENT # **L00000008065**

1. Limited Liability Company's Name

CORALSPAN LLC

2. Principal Office Address

6235 BUENA VISTA DR

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

Zip

33063

Country

U.S.A

3. Mailing Office Address

6235 BUENA VISTA DR.

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

Zip

33063

Country

U.S.A

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA U.S.A

5. Date Organized or Qualified
To Do Business in Florida

7/5/2000

6. FEI Number

65-1009085

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

MARK M. DEEN

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

6235 BUENA VISTA DRIVE

Suite, Apt. #, Etc.

City

MARGATE, FLORIDA

State
FL

Zip Code

33063

600074661906

05/16/06--01023--016 **410.00

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

Mark M. Deen

REGISTERED AGENT MUST SIGN

Date

4-20-2006

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
MGRM	MARK M. DEEN	6235 BUENA VISTA DRIVE	MARGATE, FL 33063
MGRM	SARA J. HEWITT	6235 BUENA VISTA DRIVE	MARGATE, FL 33063

REINSTATEMENT 01-06

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

Mark M. Deen

Date

4-20-2006

Daytime Phone #

(954) 895-9828

Typed or printed name of signing Managing Member/Manager

MARK M. DEEN.