PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TEFACE (TEAD ALE INSTITUTE TO TOTAL COMMENTAL TITLE TO TOTAL				
LIMITED LIABILITY COMPANY REINSTATEMENT	A DEPARTMENT OF STATE Secretary of State disjon of corporations	FILED 2010 APR-6 PM 3: 38		
TALLITO IA CONTROL OF THE CONTROL OF				
DOCUMENT # \(\text{D/00000/878} \) 1. Limited Liability Company's Name			S TAI	ECRETARY OF STATE LLAHASSEE, FLORIDA
COCONUT PALM INVESTMENTS LLC			-	
			30	00173150593 5/1001037006 **277.50 CR2E041 (11/09)
o		Office Address AME DR		
1200 S. OCEAN BLVD S200 Suite, Apt. #, etc. Suite, Apt. #,			4. State/Cour	ntry of Formation
City & State City & State				nized of Qualified iness in Florida 2/5/200/
		ER MOUND, TX	6. FEI Number Applied For Not Applicable	
^{2ip} 33432 Country SY	750	28 Country 574	7	S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent				
Name MELODY RAMAS			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	
Street Address (P.O. Box Number is Not Acceptable)				
Suite, Apt. #, Etc.				
II H			not received and requesting the \$100 reinstatement be waived.	
State STON State 33432				
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 MUST SIGN				Date 3/21/0
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/Managers		Street Address of Each Menaging Member/Manager		City / State / Zip
MGRM GUILLERMO	RAMAS JR	S200 ZAVE D	R	FLOWER MOUND, TX7508
MGKM GUILLERMO	KAMAS SR	1200 S. OCETH &	D 11H	BOCARATON, FF 33432
MGRM ALMA RAMAS		1200 S. OCEAN &	LD 11H	30CA RATION, FL 334072
DEDIC				0173150593
REINSTAT	TEMEN	1-08-10	<u>04708</u> ,	
17. E-mail Address: 6UILERMO & GRAMAS.NET				
(To be used for future annual report notifications) 12. 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 information indigated on this application is true and accurate, and my signature shall have the same legal effect				
Signature of Signa				
Managing Member/Manager Date Daytime Phone # 5610757102 Typed or printed name of signing Managing Member/Manager 60100000000000000000000000000000000000				
			1.0	116.25