

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -8 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **Lo1-7766**

1. Limited Liability Company's Name

Cole Diversified, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
10 Nurmi Drive

3. Mailing Office Address
10 Nurmi Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33301

Country
USA

Zip
33301

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **5/16/2001**

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, FL

State
FL

Zip Code
33301

☒ 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
not received and requesting the \$100
reinstatement be waived.

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]
REGISTERED AGENT MUST SIGN

Date **12/21/07**

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	James O. Cole	10 Nurmi Drive	Fort Lauderdale, FL 33301
MGR	Ada C. Cole	10 Nurmi Drive	Fort Lauderdale, FL 33301

500115395795
01/17/08--01027--019 **300.00

500115395795
01/17/08--01027--020 **88.75

REINSTATEMENT

2003-2008

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

[Signature]

Date **12/21/07**

Daytime Phone # **954-328-0299**

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