

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

LIMITED LIABILITY
COMPANY

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 24 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000007766

1. Limited Liability Company's Name

Cole Diversified, LLC

2. Principal Office Address

10 Nurmi Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

3. Mailing Office Address

10 Nurmi Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 05/16/01

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,

State
FL

Zip Code
33301

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 12/10/02

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, Florida 33301
MGR	Ada C. Cole	10 Nurmi Drive	Fort Lauderdale, Florida 33301

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 12/10/02

Daytime Phone# 954-527-6629

Typed or printed name of signing Managing Member/Manager

James O. Cole, Manager/Member

CR2E041 (9/01)

202

COLE DIVERSIFIED, LLC
10 NURMI DRIVE
Fort Lauderdale, Florida 33301

Department of State
Division of Corporations
Attn: Corporation Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314

RE: Cole Diversified, LLC (the "Company")
Document No.: L01000007766

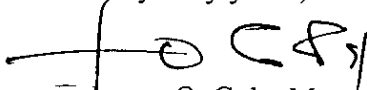
Dear Sir or Madam:

Please accept and file the enclosed executed limited liability company Reinstatement form for the above-referenced Company. Also, enclosed is my check for \$50.00, payable to the Department of State for the 2002 Uniform Business Report filing fee. A 2002 Uniform Business Report was not received at the Company's principal or mailing address; therefore, please waive the reinstatement fee and costs.

Should you have any questions regarding the enclosed, please do not hesitate to contact me at the following number (954) 527-6229.

Thank you in advance for your assistance.

Very truly yours,



James O. Cole, Managing Member