L06000015195

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT #

1. Limited Liability Company's Name

COJO, LLC

2. Principal Office Address	3. Mailing Office Address
85 South Seas Court	85 South Seas Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Marco Island, FL	Marco Island, FL
Zip: 34145 Country: Collier	Zip: 34145 Country: Collier

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/06/2001

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: Stephen J. Cormier

Street Address (P.O. Box Number is Not Acceptable): 85 South Seas Court

Suite, Apt. #, Etc.: 700034660947

City: Marco Island | State: FL | Zip Code: 34145

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: Stephen J Cormier
REGISTERED AGENT MUST SIGN

Date: 4-28-4

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
President	Stephen J. Cormier	85 South Seas Court	Marco Island, FL 34145

REINSTATEMENT 2003-2004

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: Stephen J Cormier Date: _____ Daytime Phone #: 4-28-4

Typed or printed name of signing Managing Member/Manager: _____

CSC. CORPORATION SERVICE CO

L01000015195

ACCOUNT NO. : 072100000032

REFERENCE : 598903 152759A

AUTHORIZATION : Patricia Piggits

COST LIMIT : $ 200.00

ORDER DATE : April 28, 2004

ORDER TIME : 8:56 AM

ORDER NO. : 598903-005

CUSTOMER NO: 152759A

CUSTOMER: Ms. Pat Smith
John A. Nold, P.a.
995 North Collier Boulevard

Marco Island, FL 34145

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: COJO, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS_____

04 APR 29 AM 10:40
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA