

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000007395**

1. Limited Liability Company's Name

Coral Farms ~~LLC~~ LLC

2. Principal Office Address - No P.O. Box #

821 Coral Farms Road

Suite, Apt. #, etc.

Unit 3

City & State

Florahome, FL

Zip

32140

Country

USA

3. Mailing Office Address

P. O. Box 482

Suite, Apt. #, etc.

City & State

Florahome, FL

Zip

32140

Country

USA

8. Name and Address of Current Registered Agent

Name

Carol B. Spencer

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

821 Coral Farms Road

Apt. #, Etc.

Unit 3

City

Florahome

State

FL

Zip Code

32140

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Carol B. Spencer*  
REGISTERED AGENT MUST SIGN

Date 08/21/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgrm	Michael H. Spencer	821 Coral Farms Road Unit 3	Florahome, FL 32140
Mgrm	Carol B. Spencer	821 Coral Farms Road Unit 3	Florahome, FL 32140
<b>REINSTATEMENT</b> <i>2012-2015</i>			<b>M. MILLIGAN EXAMINER</b>
			<b>SEP - 1 2015</b>

11. E-mail Address: coralfarmsmcslc@windstream.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Carol B. Spencer*  
**CAROL B. SPENCER**

Date 08/21/15

Daytime Phone #

386-546-1470

Typed or printed name of signing authorized representative/member

FILED

15 SEP - 1 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

03/27/2002

6. FEI Number

54-2107360

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a certificate of status

*2012-2015 RE*

*WHS-546187*

200276422612  
08/25/15--01024--022 \*\*\$55.00