

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 DEC -9 PM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000012367**

1. Limited Liability Company's Name

Coffman, Coleman, Andrews & Grogan Properties, L.L.C.

**REINSTATEMENT**  
CR2E041 (1/11)

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

50 N. Laura St.

3. Mailing Office Address

50 N. Laura St.

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

Suite 1100

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32202

Country

Zip

32202

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

5/15/2002

6. FEI Number

412038586

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

Patrick D. Coleman

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

50 N. Laura St.

Suite, Apt. #, Etc.

Suite 1100

City

Jacksonville

State

FL

Zip Code

32202

E-mail Address:

600254541606  
12/09/13--01001--012 \*\*\$655.00

patrick.coleman@gray-robinson.com

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date 12/5/13

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
MGRM	Patrick D. Coleman	50 N. Laura St., Ste. 1100	Jacksonville, FL 32202
MGRM	William H. Andrews	50 N. Laura St., Ste. 1100	Jacksonville, FL 32202
MGRM	Michael K. Grogan	421 W Church St., Ste. 430	Jacksonville, FL 32202
MGRM	Eric J. Holshouser	50 N. Laura St., Ste. 2800	Jacksonville, FL 32202
MGRM	Michael G. Prendergast	50 N. Laura St., Ste. 3900	Jacksonville, FL 32202
MGRM	Robert G. Riegel, Jr.	50 N. Laura St., Ste. 2800	Jacksonville, FL 32202

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. 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 Managing  
Member/Manager

Date 12/5/13

Daytime Phone # (904) 598-9929

Typed or printed name of signing Managing Member/Manager Patrick D. Coleman

DEC - 9 2013

C. CARROTHERS