

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0200018967

L02000018967

1. Limited Liability Company's Name

Coreman Enterprises, LLC

100068100471
03/20/06--01018--029 **45.00
CR2E041 (8/05)

2. Principal Office Address

4011 West South Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Zip
33614

Country
United States

Zip

Country

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified
To Do Business in Florida

7/26/2002

6. FEI Number

33-101-5325

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

Kimberly A. Colgate

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

7711 Holiday Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

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

Date 1/26/2006

REGISTERED AGENT MUST SIGN

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	James Cleri	1131 Carrollwood Drive	Tampa, Florida 33618

REINSTATEMENT 03-06

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

Date 1/30/06 Daytime Phone #

Typed or printed name of signing Managing Member/Manager James Cleri