

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JUL 19 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

DOCUMENT # L02000019282

1. Limited Liability Company's Name:

CoachWorks LLC

2. Principal Office Address  
592 Scrubjay Drive

3. Mailing Office Address

4. State/Country of Formation  
Florida

Suite, Apt, #, etc.

Suite, Apt, #, etc.

5. Date Organized or Qualified  
To Do Business in Florida 7/29/2002

City & State  
Jupiter, FL

City & State

6. FEI Number  
applied for

Applied For  
Not Applicable

Zip  
33458

County

Zip

County

7.  
CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Timothy Wengierski

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

592 Scrubjay Drive

Suite, Apt, #, etc.

City

Jupiter

State

FL

Zip Code

33458

500039388055  
07/21/04-01075-001 \*\*10.00

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

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	Timothy Wengierski	592 Scrubjay Drive	Jupiter FL 33458

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

Date 7/15/2004

Daytime Phone # 561-493-8000

Type or print name of signing Managing Member/Manager Timothy Wengierski, MGRM  
by D. Stoutt as attorney-in-fact

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Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

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Re: CoachWorks LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$100 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003, 2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

by D. Stout as attorney-in-fact

Name: Tim Wengierski

Title: Manager

Date: 7/15/04

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