

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 10 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L02000030449

1. Limited Liability Company's Name

Coral Ridge Intracoastal Properties,
LLC

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

380 NW 110TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

380 NW 110TH AVE

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business In Florida**

11.13.2002

6. FEI Number

550808886

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 Felena Talbott

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

2400 E Commercial Blvd

Suite, Apt. #, Etc. 400

City Ft. Lauderdale

State

FL

Zip Code

33308

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Felena Talbott

REGISTERED AGENT MUST SIGN

Date

April 2, 2008

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
Mgr	Mannel Fernandez	210 Brookins Lane	Peachtree City, GA 30269
Mgr	Charland Rodriguez	380 NW 110 TH AVE	Plantation, FL 33324

REINSTATEMENT 06-08

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04/03/08--01004--021 ***416.25

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 608.408, 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

[Signature]

Date

3-29-08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager