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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR -4 PM 2: 03

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

1. DOCUMENT # L02000033819

Name and Mailing Address

0012919 01 AT 0.292 **AUTO T7 0 0615 33483-651314



COYLE-BRAMHALL PROPERTIES, L.L.C.
1014 LEWIS COVE
DELRAY BEACH FL 33483-6513



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/16/2002	
Principal Place of Business 1014 LEWIS COVE DELRAY BEACH FL 33483	3. New Principal Place of Business Address	6. FEI Number <div style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div>	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
City, State, Zip		City, State, Zip	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BRAMHALL, DOREEN C 1014 LEWIS COVE DELRAY BEACH FL 33483	Name Street Address (P.O. Box Number is Not Acceptable) 200030486732 03/15/04--01068--015 **200.00 City FL Zip Code

10. 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 *Doreen C Bramhall* **SIGNATURE REQUIRED** Date **3-1-04**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	COYLE, STATES W	1014 LEWIS COVE	DELRAY BEACH FL 33483
MGRM	BRAMHALL, DOREEN C	1014 LEWIS COVE	DELRAY BEACH FL 33483
MGRM	BRAMHALL, PETER I	1014 LEWIS COVE	DELRAY BEACH FL 33483

REINSTATEMENT

2003-0408

12. 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 *Doreen C Bramhall* Date **3-1-04** Daytime Phone # **561-272-1897**
561-502-3529

Typed or printed name of signing Managing Member/Manager _____

CR2E084 (7/03)