

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -7 AM 8:13

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000033819

1. Limited Liability Company's Name

Coyle-Bramhall Properties, LLC

CR2E041 (8/05)

2. Principal Office Address

1014 Lewis Cove

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Zip

33483

Country

USA

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

12-16-02

6. FEI Number

05-2546028

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

Doreen C Bramhall

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

1014 Lewis Cove

Suite, Apt. #, Etc.

City

Delray Beach, FL

State

FL

Zip Code

33483

900082333985
12/07/06--01004--018 **200.00

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

Doreen C Bramhall

Date 12-4-06

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	Coyle, States W.	1014 Lewis Cove	Delray Beach FL 33483
MGRM	Bramhall, Peter I.	1014 Lewis Cove	Delray Beach FL 33483
MGRM	Bramhall, Doreen C.	1014 Lewis Cove	Delray Beach FL 33483

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

Doreen C Bramhall

Date 12-4-06

Daytime Phone #

561-502-3529

Typed or printed name of signing Managing Member/Manager

Doreen C Bramhall