

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 11 PM 1:33

DOCUMENT # L03000012598

1. Limited Liability Company's Name

James Coffey Properties, LLC

CR2E041 (12/07)

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

3304 Sawgass Village Circle

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach

Zip

32082

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Florida

Zip

32082

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

01-01-07

6. FEI Number

☐ 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

James H Coffey

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

3304 Sawgass Village Circle

Suite, Apt. #, Etc.

City

Ponte Vedra Beach, FL 32082

State

FL

Zip Code

32082

☐ 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

REGISTERED AGENT MUST SIGN

Date

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
Pres.	James H Coffey	35 S Roscoe Blvd.	Ponte Vedra Beach, FL 32082

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REINSTATEMENT

04-08

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

3-07-08

Daytime Phone # 904-887-3402

Typed or printed name of signing Managing Member/Manager