PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
2004 NOV 12 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000024176

1. Limited Liability Company's Name
Coconut Cove, L.L.C.

2. Principal Office Address	3. Mailing Office Address
5801 Congress Avenue	5801 Congress Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33487 County: Palm Beach	Zip: 33487 Country: Palm Beach

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 07/02/03
6. FEI Number: 48-1283420 ☐ 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: Geoffrey Mombach, Esquire Mombach Boyle & Hardin, P.A.
Street Address (P.O. Box Number is Not Acceptable): 500 East Broward Blvd.
Suite, Apt. #, Etc.: Suite 1950
City: Fort Lauderdale State: FL Zip Code: 33394

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: Geoffrey Mombach Date: 11/4/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/03)

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	Steven Wolf	5801 Congress Avenue	Boca Raton, FL 33487
MGR	Richard Siemens	5801 Congress Avenue	Boca Raton, FL 33487

REINSTATEMENT OF CA
100042704911
11/12/04-01074-019 **155.00
CWO

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: Steven Wolf Date: 11/4/04 Daytime Phone #: 561-498-5600

Typed or printed name of Signing Managing Member/Manager: Steven Wolf