

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 14 PM 1:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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11/14/07--01022--021 **255.00

CR2E041 (1/07)

DOCUMENT # L03000036367

1. Limited Liability Company's Name

Coronado Jenks Development, LLC

2. Principal Office Address - No P.O. Box #
419 Cactus Drive

Suite, Apt. #, etc.

City & State
Key West, FL

Zip
33040

Country
US

3. Mailing Office Address
419 Cactus Drive

Suite, Apt. #, etc.

City & State
Key West, FL

Zip
33040

Country
US

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **September 23, 2003**

6. FEI Number
262684880

☒ 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
Rob Blue, Jr.

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

Suite, Apt. #, Etc.

City
Panama City

State Zip Code
FL 32401

☐ 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

Rob Blue, Jr.

Date

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
MGR	Justo Maqueira, Sr.	419 Cactus Drive	Key West, FL 33040

REINSTATEMENT 05-07

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

Justo Maqueira

Date **11-9-07**

Daytime Phone # **325 3738651**

Typed or printed name of signing Managing Member/Manager