

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 8:19

DOCUMENT # L03000046890

1. Limited Liability Company's Name

COBALT REALTY, LLC

100074055651

05/05/06--01019--015 **250.00

CR2E041 (8/05)

2. Principal Office Address

225 NE MIZNER BLVD.

Suite, Apt. #, etc.

#200

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Office Address

SAME AS PRINCIPAL ADDRESS

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

11/21/2003

6. FEI Number

52-2416962

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

ROBERTO E. SMITH, III

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

225 N.E. MIZNER BLVD.

Suite, Apt. #, Etc.

#200

City

BOCA RATON

State

FL

Zip Code

33432

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/5/06

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
MBR	ROBERTO E. SMITH, III	225 NE MIZNER BLVD., Suite #200	BOCA RATON, FL 33432

REINSTATEMENT 04-06

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

[Signature]

Date

4/5/06

Daytime Phone #

561/447-1805

Typed or printed name of signing Managing Member/Manager

ROBERTO E. SMITH III