

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 25 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO3000049287

1. Limited Liability Company's Name

John Coleman's Visual and Consulting
for Irrigation

CR2E041 (1/07)

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

2257 SE Blackwell Dr W

Suite, Apt. #, etc.

3. Mailing Office Address

2257 SE Blackwell Dr W

Suite, Apt. #, etc.

City & State

Port Saint Lucie

Zip

34952

Country

City & State

Port Saint Lucie

Zip

Country

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

11/19/11-24/03

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

John Coleman

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

2257 SE Blackwell Dr W

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34952

☒ 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

John Coleman

REGISTERED AGENT MUST SIGN

Date 4/1/07

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
	<u>John Coleman</u>	<u>2257 SE Blackwell Dr W</u>	<u>PSL FL 34952</u>
	<u>John Coleman's Visual and Consulting for Irrigation.</u>	<u>Same Address</u>	<u>PSL FL 34952</u>
	<u>(I Am the only owner)</u>		

05/09/07-01010-023 **150.00

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

John Coleman

Date 4/1/07

Daytime Phone # 561-719-2330

Typed or printed name of signing Managing Member/Manager

John Coleman