

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 NOV 20 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800266749888

CR2E041 (1/14)

DOCUMENT # L04000055299

1. Limited Liability Company's Name
COIMIMEADH, LLC

2. Principal Office Address - No P.O. Box #
1810 Arapahoe St.

Suite, Apt. #, etc.

City & State
Golden, CO

Zip
80401

Country
United States

3. Mailing Office Address
1810 Arapahoe St.

Suite, Apt. #, etc.

City & State
Golden, CO

Zip
80401

Country
United States

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 07/26/2004

6. FEI Number 270098952

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
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Courtney Williams

Asst. Vice President

Date 11.20.14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Chris McCormick	1810 Arapahoe St.	Golden, CO 80401

REINSTATEMENT

NOV 20 2014

R. HUNT

11. E-mail Address: CCMCCSAT@GMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 19 NOV 2014 Daytime Phone # 720 427 2463

Typed or printed name of signing Authorized Representative/Manager Chris McCormick



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 377422 7443630

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 238.75

ORDER DATE : November 14, 2014

ORDER TIME : 3:57 PM

ORDER NO. : 377422-005

CUSTOMER NO: 7443630

DOMESTIC FILINGS

NAME: COIMIMEADH, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS

NOV 20 2014

R. HUNT