

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000080077

1. Entity Name
CORAL THREE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 8:35

Principal Place of Business
277 FORESTER DRIVE
BONITA SPRINGS, FL 34134

Mailing Address
277 FORESTER DRIVE
BONITA SPRINGS, FL 34134

2. Principal Place of Business
27749 FORESTER DRIVE
Suite, Apt. #, etc.

3. Mailing Address
27749 FORESTER DRIVE
Suite, Apt. #, etc.

03012006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number
20-1841293

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIDER, CRAIG G
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name PALMER, CRAIG T.
Street Address (P.O. Box Number is Not Acceptable)
27749 FORESTER DRIVE
City BONITA SPRINGS, FL Zip Code 34134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Craig T. Palmer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/06

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PALMER, CRAIG T
STREET ADDRESS 277 FORESTER DRIVE
CITY - ST - ZIP BONITA SPRINGS, FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 27749 FORESTER DRIVE ☒ Change ☐ Addition
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS 700068100257
CITY - ST - ZIP 03/20/06--01018--014 **105.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS REINSTATEMENT 05-06
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Craig T. Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/1/06

Date

(239) 450-7999

Daytime Phone #

CORRECTING STREET NUMBER