

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 FEB 13 PM 2:29

DOCUMENT # L04000086100

1. Limited Liability Company's Name

Colt Development. LLC

900221774239
02/13/12--01061--002 **541.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 295 Azalea Dr		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc.	
City & State Destin, FL		City & State	
Zip 32541	Country USA	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/22/04	
6. FEI Number 20-1965263	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Michael Buckingham		
Street Address (P.O. Box Number is Not Acceptable) 295 Azalea Drive Suite 4		
Suite, Apt. #, Etc.		
City Destin	State FL	Zip Code 32541

516.25	
E-mail Address: mike@undergroundinc.net (To be used for future annual report notices)	

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] Date 2-9-12
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
MGRM	Michael Buckingham	295 Azalea Dr Suite 4	Destin, FL 32541

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager [Signature] Date 2-9-12 Daytime Phone # 850-259-6533
Typed or printed name of signing Managing Member/Manager Michael Buckingham

Hampton FEB 14 2012