PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT -8 PM 2:35

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO5000100543

1. Limited Liability Company's Name

CORAL COBRA LLC

08

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
6030 NW 99 AVE	6030 NW 99 AVE
Suite, Apt. #, etc.: 412	Suite, Apt. #, etc.: 412
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33178 Country:	Zip: 33178 Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/12/2005

6. FEI Number: N/A ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee Required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: DE BARROS CARVALHO, CARLOS A

Street Address (P.O. Box Number is Not Acceptable): 6030 NW 99 AVE

Suite, Apt. #, Etc.: 412

City: MIAMI State: FL Zip Code: 33178

☑ 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 _____ Date _____

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	DE BARROS CARVALHO, CARLOS A	6030 NW 99 AVE #412	MIAMI, FLORIDA 33178

REINSTATEMENT 2008-2009

700161494557
10/08/09--01025--012 **300.00

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 _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____