

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 FEB 23 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300169677773  
02/18/10--01044--014 \*\*555.00  
CR2E041 (11/09)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000068258

1. Limited Liability Company's Name

Coral Holdings, LLC

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

2950 Halcyon Lane Same

Suite, Apt. #, etc.

Suite 303

City & State

Jacksonville, Florida

Zip

32223

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

8-21-2006

6. FEI Number

20-5288395

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

Daniel McLaughlin

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

1771 Ringling Blvd.

Suite, Apt. #, Etc.

Unit 806

City

Sarasota

State

FL

Zip Code

34236

☐ 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

Daniel McLaughlin  
REGISTERED AGENT MUST SIGN

Date

2-12-10

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
MGR	Chris Riley	252 Ocean Haven Drive	Ponte Vedra Beach FL 32082

REINSTATEMENT - 07-10

11. E-mail Address: Ali@velocityathletics.com

(To be used for future annual report notifications)

12. 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 608.408, 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

Chris Riley

Date

2-12-10

Daytime Phone #

904-880-4226

Typed or printed name of signing Managing Member/Manager

PS