PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY Secretary of State DIVISION OF CORPORATIONS				1	FILED SECRETARY OF STALE JISION OF CORPORATIONS
DOCUMENT # L06000068535 1. Limited Liability Company's Name					9 JAN 23 AM 10: 40
Cole Enterprises, LLC				80013769688 11/06/0801008009 **277,50	
2. Principal Office Address - No P.O. Box #	ce Address	,=	CR2E041 (10/08)		
1405 Kumquat Ln.			4. State/Country of Formation		
Suite, Apt. #, etc.	etc.		Florida 5. Date Organized or Qualified To Do Business in Florida 7/10/2006		
City & State	-		6. FEI Number Applied For Not Applicable		
Jacksonville, FL sam					
Zip Country 32259 US	zip same	Coun	ry	CERTIFICATE OF STATUS DESIRED 55 00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				_	
Name Larry E Cole			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.		
Street Address (P.O. Box Number is Not Acceptable) 1405 Kumquat Ln.					
Suite, Apt. #, Etc.					
City Jacksonville	State FL	Zip Code 32259	Tellistatement be walved.		
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/Manag	Fitles Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager		City / State / Zip
MGR Larry E Cole		1405 Kumquat Ln.		•	Jacksonville, FL 32259
	-			80	0137696688
				02/24/	0901008011 **138.75
REINSTATEMENT <u>2007</u> , 2008, 2009					
		·			
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 filling 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 Acry (904) 742-4165					
Typed or printed name of signing Managing Member/Manager Larry E. Cole					



RECEIVED

08 DEC -5 PM 12: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 13, 2008

COLE ENTERPRISES, LLC 1405 KUMQUAT LN JACKSONVILLE, FL 32259

SUBJECT: COLE ENTERPRISES, LLC

Ref. Number: L06000068535

We have received your document for COLE ENTERPRISES, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 808A00057146

Division of Compositions DO ROY 6227 Tallahaggas Florida 22214



RECEIVED

09 FEB 23 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 10, 2009

COLE ENTERPRISES, LLC 1405 KUMQUAT LN JACKSONVILLE, FL 32259

SUBJECT: COLE ENTERPRISES, LLC

Ref. Number: L06000068535

We have received your document for COLE ENTERPRISES, LLC and check(s) totaling \$277.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 709A00004671