

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L060000096350**

1. Limited Liability Company's Name

Cory Holdings, LLC

2. Principal Office Address - No P.O. Box #
17916 Cachet Isle Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33647

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/03/2006

6. FEI Number

20-5645020

☐ 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

Eugene E. Thomason

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

17916 Cachet Isle Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

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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

REGISTERED AGENT MUST SIGN

Date

8/11/10

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
MGRM	Eugene E. Thomason	17916 Cachet Isle Drive	Tampa, FL 33647
MGRM	Betty Thomason	17916 Cachet Isle Drive	Tampa, FL 33647
MGRM	Cory Thomason	17916 Cachet Isle Drive	Tampa, FL 33647

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REINSTATEMENT

EXAMINER

11. E-mail Address:

(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 608.406, 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

8/11/10

Daytime Phone #

813 986 2679

Typed or printed name of signing Managing Member/Manager