PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2016 JAN 26 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2016
L BERGER

CR2E041 (1/14)

DOCUMENT # L07000091251

1. Limited Liability Company's Name
437 Coconut Isle Drive, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
441 Coconut Isle Drive	251 Royal Palm Way
Suite, Apt. #, etc.	Suite, Apt #, etc #400
City & State Ft. Lauderdale, FL	City & State Palm Beach, FL
Zip / Country 33301 / USA	Zip / Country 33480 / USA

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 09/06/2007

6 FEI Number
81-1111341
☐ 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
Simses & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable) Suite,
251 Royal Palm Way

Apt. #, Etc.
#400

City: Palm Beach | State: FL | Zip Code: 33480

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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 605, F.S.

Signature of Registered Agent _____ Date 1/22/16
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Janet Carrington	441 Coconut Isle Drive	Ft. Lauderdale, FL 33301

11. E-mail Address: rsimses@simseslaw.com
(To be used for future annual report notifications)

12. *I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member _____ Date 1/22/16 Daytime Phone # (954)401-2680

Typed or printed name of signing authorized representative/member Janet Carrington