RLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILIT COMPANY REINSTATEMEN			DEPAR* Secretary sion of c	y of St	ate	ATE	PIVI	echeirar Sign ge C O Mar 22	Y*OF STA ORPORA	Un <b>u</b> 2.	
DOCUMENT # L070000 91626  1. Limited Liability Company's Name THE COLOMA GROUP, LLC							3 <b>001</b> 63324363 12/04/0901041007 **238.75 cr2E041 (11/09)				
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address							4. State/Coun	try of Formation	-T'-		
Suite, Apt #, etc. Suite, Ap			#, etc.				TLORPA  5. Date Organized or Qualified				
# <b>2 A</b> City & State C		City & State	iny & State				To Do Business in Florida 9.7.2007				
CORAL GABLES, FL		Only a onalio					6. FEI Numbe	11409	10	Applied For Not Applica	ole
Zip Cou 33134	34 USA Zip		Country			Ì	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status				
Name and Address of Current Registered Agent											
Name VIVIAN DAVILA  Street Address (P.O. Box Number is Not Acceptable)  ILO MERRICK WAY  Suite, Apt #, Etc.  SUITE # 2 A  City State Zip Code						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.					
CORAL GABLES   FL 33134							03/23/1001016020 **120 7C				
P. I, being appointed the registered agent of the above named limited liability company, am familiar with and a Signature of Registered Agent  REGISTERED AGENT MUST SIGN							DateDate				
10. Names and Street Addresses of Managing Members/Managers											
Titles Manag	s Name of Managing Members/ Managers			Street Address of Each Managing Member/Manager				City / State / Zip			
MGRM JORE	,€ H. Co	LOMA	110	М	ERRIC	.K \	MAY # Z	? A CC	dral e	ABLES, F	ے
MGRM VIVI	AN C. D	AVILA	110 -	1 ER	Leick	WA	T, #2A	CORAL	GABLE	37134 5, FL	
									₹313.	4	ı
REINSTA	TEMENT _	2008-	201T	)			30	1015	्र इ <b>ट</b> ्रस्		
				·····			01/28	/10010	U5UZ4	**138.75	_
11 - 34 - 44	00660	1000 0									4
11. E-mail Address: VIVIAGE COLOMO OFOUR. (Tobs 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	Managing Member/Manager Date Daytime Phone # 305.461.6046										_[
Typed or printed name of signing Managing Member/Manager											



## RECEIVED

10 MAR 22 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 16, 2010

THE COLOMA GROUP, L.L.C. 110 MERRICK WAY CORAL GABLES, FL 33134

SUBJECT: THE COLOMA GROUP, L.L.C.

Ref. Number: L07000091626

We have received your document for THE COLOMA GROUP, L.L.C. and check(s) totaling \$377.50. 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: 710A00006401



December 8, 2009

THE COLOMA GROUP, L.L.C. 110 MERRICK WAY # 2A CORAL GABLES, FL 33134

SUBJECT: THE COLOMA GROUP, L.L.C.

Ref. Number: L07000091626

We have received your document for THE COLOMA GROUP, L.L.C. and check(s) totaling \$238.75. 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.

Letter Number: 309A00037372

Tammy Hampton Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassoe Florida 32314