

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 APR -2 PM 3:39

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L08000115512

1. Limited Liability Company's Name  
COOMSALL CO LLC

CR2E041 (1/14)

|   |                |   |                |
|---|----------------|---|----------------|
| 2. Principal Office Address - No P.O. Box #<br>1830 south ocean drive |                | 3. Mailing Office Address<br>1830 south ocean drive |                |
| Suite, Apt. #, etc.<br>unit 3012                                      |                | Suite, Apt. #, etc.<br>unit 3012                    |                |
| City & State<br>HALLANDALE FLORIDA                                    |                | City & State<br>HALLANDALE FLORIDA                  |                |
| Zip<br>33009  | Country<br>USA | Zip<br>33009  | Country<br>USA |

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified To Do Business in Florida  
12/18/2008

6. FEI Number  
80-0388164

|                |  |
|----------------|--|
| 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  
PATRICK MOYAL

Street Address (P.O. Box Number is Not Acceptable)  
10796 PINES BLVD

Suite, Apt. #, Etc.  
SUITE 204

City  
PEMBROKE PINES

State  
FL

Zip Code  
33026

900258579979  
04/02/14--D1027--008 \*\*377.50

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 *Patrick Moyal* Date 3/24/14  
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  |
|--------|---|--|---------------------|
| MGRM   | KOHEN MARSEL                                | 1830 SOUTH OCEAN DRIVE                                   | HALLANDALE FL 33009 |
|        |   |  |                     |
|        |   |  |                     |
|        |   |  |                     |
|        |   |  |                     |

11. E-mail Address: MOYALACCOUNTING@GMAIL.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *Kohen Marsel* Date 03/24/2014 Daytime Phone # 954-430-3930  
Typed or printed name of signing Authorized Representative/Manager KOHEN MARSEL

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