

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 09000113903**

1. Limited Liability Company's Name

DOREEN COTT LLC

2. Principal Office Address - No P.O. Box #

1414 ADAMS ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

3. Mailing Office Address

1414 ADAMS ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

NOV. 27, 2009

6. FEI Number

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

DOREEN COTT

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

1414 ADAMS ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

E-mail Address:

700208297617

06/01/11--01002--005 **238.75

DCOTT@Q1-WEST.COM

(To be used for future annual report notices)

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

Doreen Cott
REGISTERED AGENT MUST SIGN

Date **5/21/11**

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	DOREEN COTT	1414 ADAMS ST	HOLLYWOOD, FL 33020
MGRM	DOUGLAS BARNARD	1414 ADAMS ST	HOLLYWOOD, FL 33020

REINSTATEMENT - 2010 - 2011

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 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. 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 Managing
Member/Manager

Doreen Cott

Date

5/21/11

Daytime Phone #

954-654-1581

Typed or printed name of signing Managing Member/Manager

P. Lewis