

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2015 DEC 31 PM 12:05

JANUARY 7 2016
TALLAHASSEE, FL

JAN - 7 2016

CR2E041 (1/14)

L BERGER

DOCUMENT # L12000058721

1. Limited Liability Company's Name

COXTEN ENTERPRISES, LLC

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

5897 N-DIXIE Hwy

Suite, Apt. #, etc.

23

City & State

OAKLAND PARK, FL

Zip

33334

Country

BROWARD

3. Mailing Office Address

5897 N-DIXIE Hwy

Suite, Apt. #, etc.

23

City & State

OAKLAND PARK, FL

Zip

33334

Country

BROWARD

4. State/Country of Formation

FL

PALM BEACH

5. Date Organized or Qualified
To Do Business in Florida

4-27-2012

6. FEI Number

45-5204950

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

ALBERT J. Cox

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

5897 N-DIXIE Hwy

Apt. #, Etc.

23

City

OAKLAND PARK

State

FL

Zip Code

33304

900280758869

01/07/16--01021--021 **238.75

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

REGISTERED AGENT MUST SIGN

Date

12-31-15

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
CEO	ALBERT J. Cox	5897 N-DIXIE Hwy #23	OAKLAND PARK, FL 33334
MGRM	WALTER TEN	5897 N-DIXIE Hwy #23	OAKLAND PARK, FL 33334
AR	JOHN P. ROCKMORE	1600 ORIZABA AVE	LONG BEACH CA. 90804
AR	FIRAZ A. SHAIKH	10 MAIZE COURT	MELVILLE, N.Y. 11747
REINSTATEMENT			
2015			

11. E-mail Address: alcox0427@yahoo.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

12-31-15

Daytime Phone #

954-798-3895

Typed or printed name of signing authorized representative/member