

PLEASE READ ALL INSTRUCTIONS

**L99000008612**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 APR 26 PM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000008612**

1. Limited Liability Company's Name

COIN ACQUISITION, L.L.C.

9/29/00

2. Principal Office Address

c/o Angelo, Barry & Boldt, P.A.

Suite, Apt. #, etc.

515 East Las Olas Blvd., Ste. 850

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

3. Mailing Office Address

c/o Angelo, Barry & Boldt, P.A.

Suite, Apt. #, etc.

515 East Las Olas Blvd., Ste. 850

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/06/1999

6. FEI Number

65-1005584

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

Angelo, Barry & Boldt, P.A.

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

SunTrust Center, 515 East Las Olas Boulevard

Suite, Apt. #, Etc.

Suite 850

City

Fort Lauderdale

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date

4-24-02

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
Managing Member	Thomas P. Angelo	515 East Las Olas Boulevard, Suite 850	Fort Lauderdale, Florida 33301

**REINSTATEMENT 2000-2002**

APR

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.

Signature of  
Managing Member/Manager

Date

4-24-02

Daytime Phone #

954-766-9930

Typed or printed name of signing Managing Member/Manager

Thomas P. Angelo

CR2E041 (9/01)