

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 DEC 11 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # MO00000001738

1. Limited Liability Company's Name

Coral Creek Limited Liability Company

REINSTATEMENT 2001

2. Principal Office Address

1040 West Tenth Street

3. Mailing Office Address

1040 West Tenth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Grande, FL

City & State

Boca Grande, FL

Zip

33921

Country

USA

Zip

33921

Country

USA

4. State/Country of Formation

Nevada/United States

5. Date Organized or Qualified
To Do Business in Florida

8/22/00

6. FEI Number

36-43872 36

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

William H. Regnery, II

3000004724873 --- 4

-12/13/01--01061--031

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

1040 West Tenth Street

****155.00 **** 55.00

Suite, Apt. #, Etc.

City

Boca Grande

State

FL

Zip Code

33921

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

William H. Regnery

Date 12/6/01

REGISTERED AGENT MUST SIGN

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
<u>MEM</u>	William H. Regnery	1040 West Tenth Street Boca Grande, FL 33921	Boca Grande, FL 33921

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

William H. Regnery

Date 12/07/01

Daytime Phone # 941-964-0098

Typed or printed name of signing Managing Member/Manager