

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 25 PM 12:19

DOCUMENT #

1. Limited Liability Company's Name

COLEMAN LABS, LLC

MO2000001252

REINSTATEMENT 03-05

2. Principal Office Address

10475 RIVERSIDE DR.

Suite, Apt. #, etc.

SUITE 9

City & State

PALM BEACH GARDENS, FL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

33410

Country

PALM BEACH

Zip

SAME

Country

SAME

4. State/Country of Formation

FL./PALM BEACH

**5. Date Organized or Qualified
To Do Business in Florida**

05/15/2002

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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 02/23/2005

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
MGR	GLENDINNING, RALPH	10475 RIVERSIDE DR. #9	PBG / FL / 33410
MGR	COLEMAN, KENNETH R.	SAME	SAME
MGR	RIPMA, GORDON	SAME	SAME

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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

02/23/05

Daytime Phone #

561.799.1525

Typed or printed name of signing Managing Member/Manager

KENNETH R. COLEMAN

CR2E041 (10/02)