

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 OCT 23 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000002208

1. Limited Liability Company's Name

COLORADO PLAZA, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 719 COLORADO AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 719 COLORADO AVENUE Suite, Apt. #, etc.	
City & State STUART, FL		City & State STUART, FL	
Zip 34994	Country USA	Zip 34994	Country USA

4. State/Country of Formation DELAWARE/USA	
5. Date Organized or Qualified To Do Business in Florida 06/30/2003	
6. FEI Number 13-7381796	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name ROBERT G. DeSANTIS			
Street Address (P.O. Box Number is Not Acceptable) 719 COLORADO AVENUE			
Suite, Apt. #, Etc.			
City STUART	State FL	Zip Code 34994	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

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	DeSANTIS, ROBERT G.	719 Colorado Avenue	Stuart, FL 34994

10/23/07--01014--016 **\$300.00

REINSTATEMENT

04-07

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

Daytime Phone # 772-283-4640

Typed or printed name of signing Managing Member/Manager

Robert G. DeSantis