

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

04 FEB -9 PM 1:51

**DOCUMENT #** Z00420

**1. Limited Liability Company's Name**

CORA LIMITED COMPANY

000025338260  
02/24/04--01033--028 \*\*50.00

2003 2004

**2. Principal Office Address**

1190 Stirling Road

Suite, Apt. #, etc.

Suite D

**City & State**

Dania Beach, Florida

**Zip**

33004

**Country**

U.S.

**3. Mailing Office Address**

1190 Stirling Road

Suite, Apt. #, etc.

Suite D

**City & State**

Dania Beach, Florida

**Zip**

33004

**Country**

U.S.

**4. State/Country of Formation**

Florida

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

July 30, 1991

**6. FEI Number**

65-0287483

**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**

MARC GALLET

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

1190 Stirling Road

**Suite, Apt. #, Etc.**

Suite D

**City**

Dania Beach

**State**  
FL

**Zip Code**  
33004

**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**

MARC GALLET

REGISTERED AGENT MUST SIGN

**Date** January 13, 2004

**10. Names and Street Addresses of Managing Members/Managers**

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
MGR	MARC GALLET	1190 Stirling Road, Ste. D	Dania Beach, FL 33004

000025338260

12/09/03 01003 011 \$150.00

REINSTATEMENT

2003-2004

**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** 1-13-04

**Daytime Phone #** 954-920-7445

**Typed or printed name of signing Managing Member/Manager** MARC GALLET

LAW OFFICES  
**RYAN & RYAN, LLC**  
THIRD FLOOR  
700 EAST DANIA BEACH BOULEVARD  
DANIA BEACH, FLORIDA 33004-3090

ARCHIE J. RYAN III  
TIMOTHY M. RYAN  
CHRISTOPHER J. RYAN\*  
JOSHUA S. PINSKY  
*\*Board Certified City,  
County and Local  
Government Lawyer*

TELEPHONE (954) 920-2921  
FACSIMILE (954) 921-1247

February 6, 2004

Division of Corporations  
Registration Section  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: CORA LIMITED COMPANY  
Our File Number : 18791-C

Gentlemen:

In accordance with your correspondence of January 30, 2004, (copy attached) I have enclosed our Trust Account Check Number 3030, payable to Florida Department of State in the sum of \$50.00, in payment of the additional fee required to reinstate the above limited liability company.

Please forward the Certificate of Status to the undersigned.

Very truly yours,



ARCHIE J. RYAN III

AJR-III:lr  
Encls.