

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAY -4 AM 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200180240932  
05/04/10--01008--011 \*\*793.75

CR2E041 (11/09)

DOCUMENT # LOT000071085

1. Limited Liability Company's Name

NXTUSA LLC

2. Principal Office Address - No P.O. Box #

7830 W. 2 CT

Suite, Apt. #, etc.

3. Mailing Office Address

7830 W 2 CT

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

Zip

Country

33014

USA

Zip

Country

33014

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

16-1707906

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

Nestor Velasco

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

7830 W 2 CT

Suite, Apt. #, Etc

City

Hialeah

State

FL

Zip Code

33014

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

Date 4-21-10

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>HGR</u>	<u>Nestor Velasco</u>	<u>7830 W 2 CT</u>	<u>Hialeah FL 33014</u>
<b>REINSTATEMENT 06-10</b>			

11. E-mail Address: \_\_\_\_\_

(To be used for future annual report notifications)

12. 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 4-21-10

Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_