

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 16 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000064640

1. Limited Liability Company's Name

NSYC TER 304-E LLC

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

12346 NW 52 COURT

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33076

Country

USA

3. Mailing Office Address

12346 NW 52 COURT

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33076

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 06/29/2005

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

MARLO A. AFFATATI

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

12346 NW 52 COURT

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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

Marlo A. Affatati

REGISTERED AGENT MUST SIGN

Date

12/10/08

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	MARLO A AFFATATI	12346 NW 52 COURT	CORAL SPRINGS, FL 33076
MGR	JAMES P DERESPINO	5700 NW 61 PLACE	PARKLAND, FL 33067
MGR	MARC S BRODER	5103 NW 125 AVENUE	CORAL SPRINGS, FL 33076
			12/16/08--01022--007 **282.50
			200129062662
			12/16/08--01022--007 **282.50
			REINSTATEMENT 2007-200
			without penalty up 12/17/08

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

Marlo A. Affatati

Date

12/10/08

Daytime Phone #

784-422-5677

Typed or printed name of signing Managing Member/Manager

MARLO A. AFFATATI