

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000033382

1. Limited Liability Company's Name

NDA Properties, LLC.

W08-31219

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

100 Almeria Avenue

Suite, Apt. #, etc.

Suite # 200

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Office Address

100 Almeria Avenue

Suite, Apt. #, etc.

Suite # 200

City & State

Coral Gables, Florida

Zip

33134

Country

USA

**REINSTATEMENT**

03-08

700132474357  
07/08/08--01020--016 \*\*832.50

CR2E041 (12/07)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

12/12/2002

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

Francisco J. Villegas, CPA, P.A.

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

100 Almeria Avenue

Suite, Apt. #, Etc.

Suite 200

City

Coral Gables

State

FL

Zip Code

33134

☒ 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 June 24, 2008

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	Angelica Moore	100 Almeria Avenue, Suite 200	Coral Gables, Florida 33134
MGR	Denise Kolevris-Roots	100 Almeria Avenue, Suite 200	Coral Gables, Florida 33134

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 6/24/08

Daytime Phone # 305-441-2105

Typed or printed name of signing Managing Member/Manager

Denise Roots