

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L-6312
M.L. NIRO, LLC

REINSTATEMENT 2001

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA, U.S.A.

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

6/2/00

6. FEI Number

65 1012045

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

LANCE NICHOLAS

1719 S. Co. Hwy 393

Santa Rosa Beach

FL

32459

500004685305-2

-11/16/01--01051--087

******150.00 ****150.00**

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

REGISTERED AGENT MUST SIGN

11/1/01

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

LANCE NICHOLAS

1719 S. Co. Hwy 393

Santa Rosa Bch. FL 32459

Michael Rottner

3360 Merganser Ln.

Alpharetta GA. 30022

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 #

Typed or printed name of signing Managing Member/Manager

LANCE NICHOLAS

11/1/01

(941) 586 6047