

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FORM
L00000007665

FILED

03 APR 16 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007665

1. Limited Liability Company's Name

NADEN DEVELOPMENT CO LLC

2. Principal Office Address

371 NW 14TH PL.

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL.

Zip

34428

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

JUNE

6. FEI Number

59-3683626

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

Dennis Labram

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

371 NW 14TH PL

Suite, Apt. #, Etc.

City

CRYSTAL RIVER

State

FL

Zip Code

34428

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

Dennis Labram

REGISTERED AGENT MUST SIGN

Date

4-14-03

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
V.P.	Dennis Labram MGR	371 NW 14TH PL	Crystal River, FL 34428
Pres	Nancy Labram MGR	371 NW 14TH PL	Crystal River, FL 34428

REINSTATEMENT

02-03
JCS

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

Dennis Labram

Date

4-14-03

Daytime Phone #

352-795-7126

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)