

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 DEC -6 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L000000012903**

1. Limited Liability Company's Name

New Day Distribution, LLC

2. Principal Office Address

7226 W. Colonial Dr

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

411

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip **32818** Country **USA**

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

October 23, 2000

6. FEI Number

59 369 5333

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

Gail Watson

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

7226 W Colonial Dr

Suite, Apt. #, Etc.

411 Suite

City

Orlando

State

FL

Zip Code

32818

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11-15-01**

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
Pres	Gail Watson	7226 W Colonial Dr #411	Orlando FL 32818

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

[Signature]

Date **11-15-01**

Daytime Phone # **407 852-6678**

Typed or printed name of signing Managing Member/Manager

Gail Watson

CR2ED41 (9/01)