

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 DEC -4 AM 10:21

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

200025202352

12/04/03--01007--004 \*\*150.00



1. DOCUMENT # L01000004560

Name and Mailing Address

0006532 01 AT 0.292 \*\*AUTO T5 0 0615 33146-303290



4 N DEVELOPMENT COMPANY, LLC  
1501 VENERA AVENUE, SUITE 340  
CORAL GABLES FL 33146-3032

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

03/21/2001

Principal Place of Business

1501 VENERA AVENUE, SUITE 340  
CORAL GABLES FL 33146

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-1101606

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

NANNINI, MAURO B  
1501 VENERA AVENUE, SUITE 340  
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/24/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P/ MGRM	NANNINI, MAURO B	1501 VENERA AVE S 340	CORAL GABLES FL 33146

**REINSTATEMENT**

2003

12. 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 REQUIRED**

Date

10/24/03

Daytime Phone #

(305) 899-1000

Typed or printed name of signing Managing Member/Manager

MAURO NANNINI

CR2E034 (7/03)