

350.00  
10-4-02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -7 AM 9:17

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L01000005081**

**1. Limited Liability Company's Name**

Nova Technologies, L.L.C.

**2. Principal Office Address**

4421 Commons Drive (same)

Suite, Apt. #, etc.

Suite 182

City & State

Destin, FL

Zip

32541

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

**4. State/Country of Formation**

Florida

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

March 28, 2001

**6. FEI Number**

65-1097586

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

Jason E. Havens

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

4400 East Highway 20

Suite, Apt. #, Etc.

Suite 211

City

Niceville

State

FL

Zip Code

32578

**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 February 23, 2006

**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
MGMR	John H. McDermit	4421 Commons Drive, Suite 182	Destin, FL 32541
MGMR	Mary K. McDermit	4421 Commons Drive, Suite 182	Destin, FL 32541

200070433992

REINSTATEMENT 04/14/06 01019-023 \*\*255.00

02-06

200070433992

04/14/06 01019-024 \*\*100.00

**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 2/23/2006

Daytime Phone # 850-897-6733

Typed or printed name of signing Managing Member/Manager John H. McDermit