

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 PM 12:02

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000009040

1. Limited Liability Company's Name

NIGHTLINE LLC

2. Principal Office Address

10705 SW 104th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

USA

3. Mailing Office Address

10705 SW 104th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

06/06/2001

6. FEI Number

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

James D. Brown, Jr., Attorney at Law

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

228 Valencia Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State  
FL

Zip Code

33134

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 09/13/2006

REGISTERED AGENT MUST SIGN

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
Mgr.	Lee Grasheim	10705 SW 104th Street	Miami, FL 33176
			10020040031 09/21/06--01055--010 **355.00
			REINSTATEMENT 02-06

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 09/13/06 Daytime Phone # 305-598-5357

Typed or printed name of signing Managing Member/Manager