

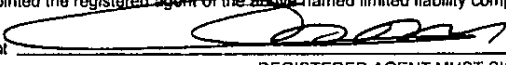

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 DEC 14 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA900163589899  
12/14/09--01053--010 \*\*277.50

CR2E041 (11/09)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L01000012358</b> 1. Limited Liability Company's Name NRO, LLC.			
2. Principal Office Address - No P.O. Box # 2374 N. Federal Hwy Suite, Apt. #, etc		3. Mailing Office Address 2374 N. Federal Hwy Suite, Apt. #, etc.	
City & State Fort Lauderdale, Fl.		City & State Fort Lauderdale, Fl.	
ZIP 33305	Country Broward	ZIP 33305	Country Broward
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 07/26/2001	
6. FEI Number 65-1126381		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Patrick Vivies Street Address (P.O. Box Number is Not Acceptable) 700 E. Dania Beach Blvd #202 Suite, Apt. #, Etc. City Dania			
State FL		ZIP Code 33004	
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: 12/08/2009 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
MGRM	Nicholas Orow	2374 N. Federal Hwy	Fort Lauderdale, Fl. 33305
MGRM	Karen Karem	2374 N. Federal Hwy	Fort Lauderdale, Fl. 33305
<b>REINSTATEMENT</b> 08-09			
11. E-mail Address: _____ (To be used for future annual report notifications)			
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: 		Date: 12/08/2009 Daytime Phone #: 954 565 5387	
Typed or printed name of signing Managing Member/Manager: _____			