LEA E JEA AU AST SCT INS B FC AF	WHETH'S TS M
COMPANY Jim Smith	FILED
REINSTATEMENT Secretary of State Division of corporations	02 NOV 12 AM 9:08
DOCUMENT # L01000016086	SECRETARY OF STATE
Chrined Liability Company's Name	TALLAHASSEE, FLORIDA
NAELKA LLC	
2. Principal Office Address 15894 Brothers of 15894 Brothers (+	
Suite, Apt. #, etc. Suite, Apt. #, etc.	4. State/Country of Formation FLORIDA / USA
City & State City & State	5. Date Organized or Qualified To Do Business in Florida September 19# 2001
The Tort Chers FI	6. FEI Number
	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
201	
Fort Myers	State Zip Code
9. I, being appointed the registered agent of the above named timted liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Registered Agent REGISTERED ASENT MUST SIGN	Date 11 03 02
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each Managing Members/Managers Managing Member/Manager	
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company all fee award but the trust is the trust.	DD 85 Drovided for in chapter 509. E.S. further south the
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 Manager Date 11/05/2@2Daytime Phone #(941) 433-2100	
Typed or printed name of signing Managing Member/Manager Daniel Melin	