

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -6 PM 1:56

DOCUMENT # L01000016965

1. Limited Liability Company's Name

NATIONAL FLORIDA INVESTMENTS LLC

300183534223
07/21/10--01031--008 **597.19

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 11924 W. FOREST HILLS BLVD.		3. Mailing Office Address 11924 W. FOREST HILLS BLVD.	
Suite, Apt. #, etc. 22-413		Suite, Apt. #, etc. 22-413	
City & State WELLINGTON FL		City & State WELLINGTON FL	
Zip 33414	Country PALM BEACH	Zip 33414	Country PALM BEACH

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 10/03/2001	
6. FEI Number 753050016	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 ROBERT STECHER			
Street Address (P.O. Box Number is Not Acceptable) 11924 W FOREST HILLS BLVD			
Suite, Apt. #, Etc. 22-413			
City WELLINGTON		State FL	Zip Code 33414

300183534223
08/09/10--01048--010 **57.81

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 7-19-10

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	ROBERT STECHER	11924 W. FOREST HILLS BLVD SUITE 22-413	WELLINGTON FL 33414
	REINSTATEMENT	2007-2010	

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

7-19-10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager ROBERT STECHER

7. Harrison AUG - 6 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 AUG -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 23, 2010

NATIONAL FLORIDA INVESTMENTS, LLC
11924 W FOREST HILLS BLVD
22-413
WELLINGTON, FL 33414

SUBJECT: NATIONAL FLORIDA INVESTMENTS, LLC
Ref. Number: L01000016965

We have received your document for NATIONAL FLORIDA INVESTMENTS, LLC and check(s) totaling \$597.19. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$57.81. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 010A00017904