

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 SEP 15 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **01000020317**

4. Limited Liability Company's Name

NAND LLC

500160670305
09/15/09--01013--008 **416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1501 SOUTH STREET		3. Mailing Office Address 470 OXFORD WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LEESBURG, FLORIDA		City & State PELHAM, ALABAMA	
Zip 34748	Country U.S.A.	Zip 35124	Country U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11-27-2001

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 AMIN MAHANDRAKUMAR		
Street Address (P.O. Box Number is Not Acceptable) 3504 STAREISH AVE		
Suite, Apt. #, Etc.		
City FRUITLAND PARK	State FL	Zip Code 34731

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 **09-09-09**

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
M&M	AMIN MAHANDRAKUMAR	3504 STAREISH AVE	FRUITLAND PK FL 34731

REINSTATEMENT -07-09

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 **09-09-09** Daytime Phone # **352-874-7383**

Typed or printed name of signing Managing Member/Manager