

L01000020854

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 101000020854

1. Limited Liability Company's Name

NFI Enterprises, LLC

100009646751
12/23/02--01094--007 **155.00

2. Principal Office Address

778 Arran Ct

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32073

Country

USA

3. Mailing Office Address

PO Box 40821

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32203

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified

To Do Business in Florida Dec 4 2001

6. FEI Number

593759984

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

Michael Kay

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

778 Arran Ct

Suite, Apt. #, Etc.

City

Orange Park

State
FL

Zip Code
32073

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

Michael Kay

Date: 12/19/02

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	Michael Kay	778 Arran Ct	Orange Park, FL 32073
MGR	Andrew Winslow	4337 Ish Brant Rd	Jacksonville, FL 32210
MGR	Paul Kearse	249 St John Ct	Yulee, FL 32097

REINSTATEMENT

TB

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

Michael Kay

Date: 12/19/02

Daytime Phone # 904-219-5474

Typed or printed name of signing Managing Member/Manager