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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 14 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021693
Name and Mailing Address

0010690 01 FP 0.352 **PRSRT HO 0 0615 34952-810332
NU TECH GROUP, LLC.
1332 SE BIRMINGPORT COURT
ST. LUCIE FL 34952-8103

CR2E084 (8/02)

2. New Mailing Address
4265 45TH LANE
City, State, Zip
VERO BEACH, FL 32967

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
12/12/2001

Principal Place of Business
1332 SE BIRMINGPORT COURT
ST. LUCIE FL 34952

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number
33-1005265
☐ 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

ALPHONSO WILLIAMS, LINDEL
1332 SE BIRMINGPORT COURT
ST. LUCIE FL 34952

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4265 45TH LANE
City
VERO BEACH FL 32967

10. 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 Lindel A Williams Date 3/25/04
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRESIDENT	LINDEL A WILLIAMS 100% OWNER MGRM	4265 45TH LANE VERO BEACH,	VERO BEACH FLORIDA 32967
			100031364201 03/30/04--01010--005 **255.00
		REINSTATEMENT 04	

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 Lindel A Williams Date 3/25/04 Daytime Phone # 772-794-3969

Typed or printed name of signing Managing Member/Manager