

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 02000000649

1. Limited Liability Company's Name

NON STOP EAST, LLC

2. Principal Office Address

109 Fiddler's Elbow Road

Suite, Apt. #, etc.

City & State

Greenwich, NY

Zip

12834

Country

USA

3. Mailing Office Address

3205 Flamingo Boulevard

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34607

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

01/01/02

6. FEI Number

01-0597038

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

Rufus L Tucker

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

3205 Flamingo Boulevard

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34607

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

*Rufus L Tucker*

REGISTERED AGENT MUST SIGN

Date 08/12/04

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
MGR	NAME: TUCKER, RUFUS L 205 SARAH LANE LEESBURG, FL 34748		

REINSTATEMENT

2003-  
2004

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

*Rufus L Tucker*

Date 08/12/04

Daytime Phone# 518-692-2252

Typed or printed name of signing Managing Member/Manager Rufus L Tucker

CR2E041 (10/02)