

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9/26/03  
3:00.00  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 10 AM 10:02

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000000883

1. Limited Liability Company's Name

NAP LLC

2. Principal Office Address

200 Devault St.

Suite, Apt. #, etc.

3. Mailing Office Address

200 Devault St.

Suite, Apt. #, etc.

City & State

Umatilla, FL

Zip Country

32784 USA

City & State

Umatilla, FL

Zip Country

32784 USA

CR2E041 (8/05)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

9-23-03

6. FEI Number

27-0001533

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

Joyce Plant

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

1123 Lake Shore Blvd

Suite, Apt. #, Etc.

City

Tallahassee

500080221835  
09/27/06--01045--019 \*\*150.00

08/15/03 90055 049 \$50.00  
State Zip Code  
FL 32778

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

*Joyce Plant*

REGISTERED AGENT MUST SIGN

Date Sept 14, 2006

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
owner	Neal Hamad	200 devault St.	Umatilla, FL 32784

3000081084358  
10/20/06--01065--008 \*\*100.00  
REINSTATEMENT 03-06

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

*Neal Hamad*

Date Sept 14, 06 Daytime Phone # 352-669-4000

Typed or printed name of signing Managing Member/Manager Neal Hamad