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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 AM 9:54

1. DOCUMENT # L02000001117

Name and Mailing Address

0003117 01 AT 0.292 **AUTO T4 0 0615 32771-923024



NBC INDUSTRIES, LLC

5224 W. SR 46 #404

SANFORD FL 32771-9230



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/15/2002	
Principal Place of Business 204 NORTH ELM STREET SANFORD FL 32771	3. New Principal Place of Business Address 4550 Orange Blvd City, State, Zip Sanford FL 32771	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent CURLEY, NOAL W 204 NORTH ELM STREET SANFORD FL 32771		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name Beth Curley			
Street Address (P.O. Box Number is Not Acceptable) 6921 Sylvan Woods Dr			
City Sanford		FL Zip Code 32771	
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 Beth Curley		Date 10/20/2003	
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
mgr	Beth Curley	6921 Sylvan Woods	Sanford FL 32771
mgr	Noal Curley	6921 Sylvan Woods	Sanford FL 32771
		200025866732 12/31/03--01008--004 **150.00	
		REINSTATEMENT	
		03 dec	
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 Beth Curley		Date 10/13/03 Daytime Phone # 407 3223334	
Typed or printed name of signing Managing Member/Manager			

CR2EC04 (7/03)