

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 DEC -8 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD2000001693

1. Limited Liability Company's Name

NICK ANDERSON & COMPANY LLC

2. Principal Office Address

540 GLEN GATE COVE

Suite, Apt. #, etc.

City & State

ATLANTA GA

Zip

30328

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

4-16-02

6. FEI Number

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 FEL CORP

904.359.2000

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

200 LAURA ST.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32202

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

Charles V. Hobbs

Date 9.13.2004

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	NICK ANDERSON	540 GLEN GATE COVE	ATLANTA, GA 30328

REINSTATEMENT 03-04

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12/08/04-01046-003 **200.00

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

Nick Anderson

Date

Sept-9-04

Daytime Phone #

404-257-9892

Typed or printed name of signing Managing Member/Manager