

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 11 PM 1:19

6/30/04

DOCUMENT # L 02000002705

1. Limited Liability Company's Name

N8 L.L.C.
REINSTATEMENT 2003-2004

2. Principal Office Address

762 Shore Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

762 Shore Dr.

Suite, Apt. #, etc.

City & State

Miramar Beach, FL

City & State

Miramar Beach, FL

Zip

32550

Country

USA

Zip

32550

Country

USA

4. State/Country of Formation

Florida U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

2/04/02

6. FEI Number

01-0786887

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

Timothy L. Zook

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

762 Shore Dr.

Suite, Apt. #, Etc.

City

Miramar Beach

State

FL

Zip Code

32550

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

[Signature]

Date 8-3-04

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	Timothy L. Zook	762 Shore Dr.	Miramar Beach, FL 32550
			200037667382
			06/04/04 01039 003
		2003 -	205.00
	REINSTATEMENT	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

[Signature]

Date 8-3-04

Daytime Phone# 850 654-2791

Typed or printed name of signing Managing Member/Manager

Timothy L. Zook