

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 202000003067

1. Limited Liability Company's Name

NAUONOD LLC.

2. Principal Office Address - No P.O. Box #

13 SW 13th ST.

Suite, Apt. #, etc.

(House)

City & State DEERFIELD BEACH
FLORIDA

Zip 33441 Country USA

3. Mailing Office Address

13 SW 13th ST

Suite, Apt. #, etc.

City & State Deerfield Bch. FL.

Zip 33441 Country USA

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

02/07/2002

6. FEI Number 010600253

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 DONOVAN E. GORDON

Street Address (P.O. Box Number is Not Acceptable)
13 SW 13 ST

Suite, Apt. #, Etc.

City DEERFIELD BEACH

State FL

Zip Code 33441

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 Donovan E. Gordon

REGISTERED AGENT MUST SIGN

Date 09/25/07

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	DONOVAN GORDON	13 SW 13 ST	Deerfield Beach FL 33441

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10/11/07--01015--005 ***305.00

REINSTATEMENT

04-07

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 Donovan Gordon

Date 09/25/07

Daytime Phone #

321 442 5377

Typed or printed name of signing Managing Member/Manager