

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 NOV 24 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000003067

1. Limited Liability Company's Name

NAUONOD LIMITED LIABILITY
COMPANY

400023863954
10/16/03--01088--010 **150.00

REINSTATEMENT

2. Principal Office Address

13 SW 13 ST

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

HOME

Suite, Apt. #, etc.

City & State

Deerfield Beach Fla.

City & State

4. State/Country of Formation

N/A

5. Date Organized or Qualified
To Do Business in Florida

02/07/02

6. FEI Number

01-0600253

Applied For

01-0600253

Not Applicable

Zip

33441

Country

BROWARD

Zip

Country

7. CERTIFICATE OF STATUS DESIRED ☐ N/A

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DONOVAN GORDON

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

13 SW 13 ST

Suite, Apt. #, Etc.

HOME

City

Deerfield Beach

State

FL

Zip Code

33441

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 Gordon

REGISTERED AGENT MUST SIGN

Date

10/14/03

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
MEMBER OWNER	DONOVAN GORDON	13 SW 13 ST Deerfield Beach Fla	Deerfield Beach Fl.
		3	33441

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 E Gordon

Date

10/14/03

Daytime Phone #

754 367 0616

Typed or printed name of signing Managing Member/Manager

DONOVAN E. GORDON