


2003 UBR 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
03 OCT 30 PM 5:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000007695
Name and Mailing Address

0001997 01 AT 0.292 **AUTO TO 0 0615 32301-634711
NACIRFA, LLC
211 WALLIS STREET
TALLAHASSEE FL 32301-6347



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/01/2002	
Principal Place of Business 211 WALLIS STREET TALLAHASSEE FL 32301	3. New Principal Place of Business Address	6. FEI Number 65-1177564	Applied For <input type="checkbox"/> Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
OWUSU, YAW A 211 WALLIS STREET TALLAHASSEE FL 32301	Name YAW A. OWUSU	
	Street Address (P.O. Box Number is Not Acceptable) 211 Wallis Street	
	Tallahassee	
	City FL	Zip Code 32301

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/30/2003

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
MGRM	YAW A. OWUSU	3400 Gallant Fox Tr	Tallahassee, FL 32308

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/30/2003 Daytime Phone # 656-2700

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)