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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
05 FEB -8 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000008744

Name and Mailing Address

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NONI MANAGEMENT, LLC

528 RIVERA ISLE

FT. LAUDERDALE FL 33301-2616

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2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Quantified To Do Business in Florida 04/10/2002	
Principal Place of Business 528 RIVERA ISLE FT. LAUDERDALE FL 33301		3. New Principal Place of Business Address City, State, Zip	
		6. FEI Number Applied For Applicable	
		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 PEARSON, NINA 528 RIVERA ISLE FT. LAUDERDALE FL 33301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Nina Pearson</u> Date <u>2-8-05</u> 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	PEARSON, NINA	528 RIVERA ISLE	FT. LAUDERDALE FL 33301
12. I certify that I am managing member/manager or the proprietor 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 <u>Nina Pearson</u> Date <u>2-8-05</u> Daytime Phone # <u>954 467 8069</u>			