

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 30 PM 3:33

CLERK OF COURT
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000018286

1. Limited Liability Company's Name

Nordk, LLC

MJH

7/30

2. Principal Office Address

848 Brickell Key Drive

Suite, Apt. #, etc.

2404

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

3. Mailing Office Address

848 Brickell Key Drive

Suite, Apt. #, etc.

2404

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/18/2002

6. FEI Number

13-4227453

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

Leopoldo Baptista

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

848 Brickell Key Drive

~~990039656389~~
07/28/04--01064--002 **200.00

Suite, Apt. #, Etc.

2404

City

Miami,

State

FL

Zip Code

33131

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 *16/6/04*

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
<i>myrm</i>	Leopoldo Baptista	848 Brickell Key Drive #2404	Miami, Florida 33131

REINSTATEMENT

2003
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

16/6/04

Daytime Phone #

8786 303 1556

Typed or printed name of signing Managing Member/Manager

LEOPOLDO BAPTISTA

CR2E041 (10/02)