

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 MAY -4 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022067

1. Limited Liability Company's Name

Nia, L.L.C.

2. Principal Office Address

213 Flame Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

213 Flame Avenue

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

U.S.A.

Zip

32751

Country

U.S.A.

4. State/Country of Formation

Florida/ U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

August 27, 2002

6. FEI Number

043716605

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

Benjamin H. Moore, C.P.A., PA

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

720 N. Maitland Avenue

Suite, Apt. #, Etc.

Suite 105

City

Maitland,

State

FL

Zip Code

32751

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

*Benjamin H. Moore*

REGISTERED AGENT MUST SIGN

Date

3/15/05

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
MGRM	David N. Robinson	213 Flame Avenue	Maitland, FL 32751

900055408039  
05/27/05--01040--006 \*\*255.00

**REINSTATEMENT** 03-05  
*cus*

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

*David N. Robinson*

Date

4-28-05

Daytime Phone #

407-767-7062

Typed or printed name of signing Managing Member/Manager

David N. Robinson

CR2E041 (10/02)