

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

1. DOCUMENT # L02000033114

Name and Mailing Address

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009560 01 AT 0.292 **AUTO T5 2 0615 33624-260204



NUASH GROUP, LLC
4304 GAINSBOROUGH CT
TAMPA FL 33624-2602



2. New Mailing Address

City, State, Zip

Principal Place of Business

4304 GAINSBOROUGH CT
TAMPA FL 33624

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/11/2002

6. FEI Number

01-0751472

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

WATKINS, CARL T CPA
5103 MEMORIAL HWY
TAMPA FL 33634

9. Name and Address of New Registered Agent

Name

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

200023986162
10/21/03--01139--017 **155.00

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

CARL T WATKINS

REGISTERED AGENT MUST SIGN

Date 10/16/03

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 |
|----------|--------------------------------------|---|--------------------------------|
| MGR | NAVINCHANDRA V. PATEL | 4304, GAINSBOROUGH CT. | TAMPA, FL, 33624 |
| MGR | ASHOK K. PATEL | 137 WOODLAND AVE | RUTHERFORD, NJ, 07070 07866 |
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REINSTATEMENT

Q3 cus
dec

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

NAVINCHANDRA V. PATEL REQUIRED

Date 10/16/03

Daytime Phone # 813-598-6472

Typed or printed name of signing Managing Member/Manager