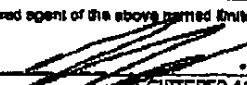
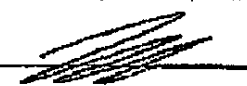


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000005216 1. Limited Liability Company's Name NORTHON LLC			
2. Principal Office Address - No P.O. Box # 1260 NW 29 ST		3. Mailing Office Address 1260 NW 29 ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33142	Country 	Zip 33142	Country
4. State/Country of Formation 			
5. Date Organized or Qualified To Do Business in Florida 			
6. FEI Number 421577330		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐			
8. Name and Address of Current Registered Agent Name MASSIMO MAGNANI Street Address (P.O. Box Number is Not Acceptable) 1260 NW 29 ST Suite, Apt. #, Etc. City MIAMI			
State FL			
Zip Code 33142			
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  Date 02/02/2007 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MASSIMO MAGNANI	1260 NW 29 ST	MIAMI, FL 33142
MGRM	ONGINI DAVID	1260 NW 29 ST	MIAMI, FL 33142
MGRM	CHRISTIAN ORIUSSI	350 SOUTH SHORE DRIVE APT 1	MIAMI BEACH FL 33141
REINSTATEMENT 2005-2007 			
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  Date 02/02/2007			
Daytime Phone # 305-635-1744 Typed or printed name of signing Managing Member/Manager MASSIMO MAGNANI			

H07000031899 3

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DATE: Friday, February 02, 2007

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: CHRISTIAN DRIUSSI
NORTHON LLC

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07 FEB -5 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL
SINCE 2005, 2006 AND 2007.

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305-635-1744 x 106

THANKS,

X


CHRISTIAN DRIUSSI, MANAGING MEMBER
NORTHON LLC

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0383

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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LIMITED LIABILITY REINSTATEMENT

NORTHON LLC

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