

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR -3 AM 9:41

DOCUMENT # L03000011475

1. Limited Liability Company's Name

NOWLIN & CARTER, LLC

000068100710

03/20/06--01019--004 \*\*200.00

CR2E041 (8/05)

2. Principal Office Address

150 S. PINE ISLAND RD.

Suite, Apt. #, etc.

SUITE 330

City & State

PLANTATION, FLORIDA

Zip

33324

Country

US

3. Mailing Office Address

150 S. PINE ISLAND RD.

Suite, Apt. #, etc.

SUITE ~~330~~ 330

City & State

PLANTATION, FLORIDA

Zip

33324

Country

US

4. State/Country of Formation

FLORIDA / US

5. Date Organized or Qualified  
To Do Business in Florida

03/31/2003

6. FEI Number

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

RICHARD M. MOGERMAN, P.A.

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

150 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

SUITE 330

City

PLANTATION

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Date 02-07-06

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
MEM	NORRIS JAMES Nowlin	150 S. PINE ISLAND ROAD SUITE 330	PLANTATION, FL 33324

REINSTATEMENT 04-06

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

Authorized Representative

Date 02-07-06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager