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LIMITED LIABILITY REINSTATEMENT

NSS ENTERPRISES, LLC

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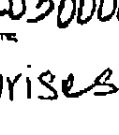
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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR28041 (1/07)

DOCUMENT # L03000018667

1. Limited Liability Company's Name:
NSS Enterprises, LLC

2. Principal Office Address - No P.O. Box #
13117 SW 32 St
Suite, Apt. #, etc.

City & State
Miramar FL

Zip **33027** Country **Broward**

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
5/23/03

6. FBI Number **331059102** Applied For ☐ Not Applicable ☐

7. ☐ CERTIFICATE OF STATUS DESIRED

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

8. Name and Address of Current Registered Agent

Name: **Neil Shim-You**

Street Address (P.O. Box Number is Not Acceptable)
13117 SW 32nd St

Suite, Apt. #, Etc.

City **Miramar** State **FL** Zip **33027**

9. I, being appointed the registered agent of the above named limited liability company, do hereby with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent:  Date: **1/24/07**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Member/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	Neil Shim-You	13117 SW 32 St	Miramar FL 33027

REINSTATEMENT 2005-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 608.409, 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: **1/24/07** Daytime Phone #: **954 3477361**

Typed or printed name of signing Managing Member/Manager

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