L03000018667

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000023640 3)))

H07000023640 3ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FILED
07 JAN 26 AM 9:37
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
07 JAN 26 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

NSS ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$250.00

Electronic Filing Menu Corporate Filing Menu Help

J. BRYAN JAN 2 9 2007

H07000023640

(2)

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
07 JAN 26 AM 9:37

CR2E041 (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 County: 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. FEI Number: 331059102 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

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 Code: 33027

☐ 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.

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: Neil
REGISTERED AGENT MUST SIGN
Date: 1/24/07

10. Names and Street Addresses of Managing Members/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 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 608.409, 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: Neil Date: 1/24/07 Daytime Phone #: 954 347 7326

Typed or printed name of signing Managing Member/Manager

H07000023640