

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 FEB -7 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000021576

1. Limited Liability Company's Name

Nevis Consulting LLC

W08000000 4469

800115417968
01/17/08--01042--003 **5.00

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1 Druim Moir Ct Suite, Apt. #, etc.		3. Mailing Office Address 1 Druim Moir Ct Suite, Apt. #, etc.	
City & State Philadelphia, Pa		City & State Philadelphia, Pa	
Zip 19118	Country USA	Zip 19118	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 6/13/2003	
6. FEI Number 383682992	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Ida Trimboli			
Street Address (P.O. Box Number is Not Acceptable) 7292 Captain Kidd Reef			
Suite, Apt. #, Etc.			
City Perdido Key	State FL	Zip Code 32507	

<input checked="" type="checkbox"/> 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.
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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 _____

REGISTERED AGENT MUST SIGN

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
MGRM	Ida Trimboli	1 Druim Moir Ct	Philadelphia, Pa. 19118
MGR	Anthony Trimboli	1 Druim Moir Ct	Philadelphia, Pa. 19118

800115417968
01/17/08--01042--010 **416.25
800115417968
02/08/08--01042--004 **138.75

REINSTATEMENT

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 Ida Trimboli Date 12-30-07 Daytime Phone # 215-779-6450

Typed or printed name of signing Managing Member/Manager IDA TRIMBOLI