

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

05 FEB -8 AM 10:11

DOCUMENT # 203000053975

1. Limited Liability Company's Name

NSG, LLC

2. Principal Office Address

1943 Princess Ct.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

Zip Country

34110 USA

3. Mailing Office Address

1943 Princess Ct.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

Zip Country

34110 USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/17/2003

6. FEI Number

030533149

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

NORMAN S. GREENOUGH

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

1943 Princess Court

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

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

[Signature]

Date 2/3/2005

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
MGR	NORMAN S. GREENOUGH	1943 Princess Ct.	NAPLES, FL. 34110

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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

[Signature]

Date

2/3/05

Daytime Phone#

954-605-7109

Typed or printed name of signing Managing Member/Manager

NORMAN S. GREENOUGH