

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 DEC 11 AM 11:14

DOCUMENT # LC300056042

1. Limited Liability Company's Name NIL'S Printing, LLC
3408 mahoney Dr
TAL FLA 32309

RECEIVED
FLORIDA

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country FLA FLA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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 NIL'S Printing, LLC (NICHOLAS RAHMING)

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

E-mail Address:

300254626533
12/11/13-01003-025 **\$77.50

(To be used for future annual report notices)

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 12-11-13

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	NICHOLAS RAHMING	3408 mahoney Dr	TAL FLA 32309

REINSTATEMENT 2012-2013

DEC 11 2013

L. SELLERS

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 12/11/13

Daytime Phone # 850-510-6676

Typed or printed name of signing Managing Member/Manager