PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # *L04000010631*

1. Limited Liability Company's Name
Jeff Nuxoll, LLC

CR2E041 (8/05)

2. Principal Office Address
905 S. Grove Street

Suite, Apt. #, etc.

City & State
Eustis Fl

Zip	Country
32726	Lake

3. Mailing Office Address
905 S. Grove Street

Suite, Apt. #, etc.

City & State
Eustis Fl

Zip	Country
32726	Lake

4. State/Country of Formation
Fl / United States

5. Date Organized or Qualified To Do Business in Florida
2/9/04

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
Jeff Nuxoll

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

Suite, Apt. #, Etc.

City	State	Zip Code
Eustis	FL	32726

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 _____ REGISTERED AGENT MUST SIGN   Date 11-8-06

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	Jeff Nuxoll	905 S. Grove Street	Eustis Fl 32726
		900001757469 11/14/06--01061--011 **205.00	
		REINSTATEMENT 05-06	

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 _____   Date 11-8-06   Daytime Phone # 352-638-3816

Typed or printed name of signing Managing Member/Manager   Jeff Nuxoll