

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

08 MAR 11 PM 3:46

DOCUMENT # L 04000011412

1. Limited Liability Company's Name

NMD Properties, LLC

000120972260
03/24/08--01004--023 **516.25
CR2E041 (1/07)

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

241 Island Creek Dr.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

USA

3. Mailing Office Address

241 Island Creek Dr.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/11/2004

6. FEI Number

20-0742057

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

Jackson, Barkett & Brown

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

2165 15th Avenue

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32960

☐ 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

Eric C. Barkett

REGISTERED AGENT MUST SIGN

Date 02/13/2008

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	Anna P. Nichols	241 Island Creek Dr.	Vero Beach, FL 32963

REINSTATEMENT

06-08
[Signature]

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

Anna P. Nichols

Date 02/13/08 Daytime Phone # (772) 231-0959

Typed or printed name of signing Managing Member/Manager Anna P. Nichols