

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200.00  
9-16-05

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 15 AM 9:23

DOCUMENT # L04000024558

1. Limited Liability Company's Name

NEVACORP, LLC

2. Principal Office Address

9357 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

D-415

City & State

MIAMI, FL

Zip

33172

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

03/31/2004

6. FEI Number

20-0970360

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

RONALD NEVADO

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

9357 FONTAINEBLEAU BLVD

Suite, Apt. #, Etc.

D-415

City

MIAMI

500081025065

10/19/06--01035--001 \*\*150.00

500081025065

11/15/06--01003--019 \*\*50.00

State

FL

Zip Code

33172

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

10/18/06

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
MEM	RONALD J. NEVADO	9357 FONTAINEBLEAU BLVD	MIAMI, FL 33172
MAN	HECTOR NEVADO	16475 GOLF CLUB RD #213	WESTON, FL 33326

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

RONALD NEVADO

Date

10/18/06

Daytime Phone #

786 399 1526

Typed or printed name of signing Managing Member/Manager

RONALD J NEVADO