

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 APR 10 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000032341

1. Limited Liability Company's Name

NOVENTA OCHO, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #  
1100 HIGHWAY 98 EAST

Suite, Apt. #, etc.

B801

City & State

DESTIN, FL

3. Mailing Office Address

11828 LA GRANGE AVENUE

Suite, Apt. #, etc.

City & State

LOS ANGELES, CA

Zip

32541

Country

USA

Zip

90025

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

4/26/04

6. FEI Number

65-1228431

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

A. Benjamin Gordon

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

2113 Lewis Turner Blvd.

Suite, Apt. #, Etc.

#100

City

Fort Walton Beach

State

FL

Zip Code

32547

E-mail Address:

500228305615  
04/10/12--01022--030 \*\*243.75

AFDLA@AOL.COM

(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]*

REGISTERED AGENT MUST SIGN

Date

3/4/12

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
MRGM	WAYNE M. ROGERS	1100 HIGHWAY 98E. B801	DESTIN, FL 32541

REINSTATEMENT 2012 PB

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

4/2/12

Daytime Phone #

310 473-0574

Typed or printed name of signing Managing Member/Manager

**La Grange Management, Inc.**

11828 La Grange Avenue • Los Angeles, California 90025  
(310) 473-0514 • Fax (310) 473-9166

***VIA FEDERAL EXPRESS – 2<sup>ND</sup> DAY DELIVERY***

April 6, 2012

Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

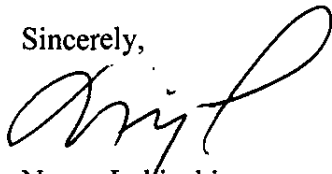
Re: Noventa Ocho, LLC - #L04000032341  
Reinstatement

Dear Sir or Madam:

Enclosed is the fully-executed reinstatement form, along with a check for the fees of \$243.75.

If you have any questions or need further information to process this request, please contact me.

Sincerely,



Nancy Lubinski

NL/jb

Enclosures (2)

cc: Vahe Guleian (w/enclosures)