PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY Becretary of State Company Compa			08 OCT 21 PM 3: 22		
DOCUMENT # LO400045310 1. Limited Liability Company's Name NOS DOM LLC			SEGRETARY TALLAMMOJE:	- The same of	
2. Principal Office Address - No P.O. Box # 8069 Daywind Circle	3. Mailing Office Address 8069 Bajuind	irde	CR2E041 (10/08) 4. State/Country of Formation		
ity & State City & State Penson old FL			FC USA 5. Date Organized or Qualified To Do Business in Florida OL IS 2004 Applied For		
Zip Country 39514 USA	Persacola, FL Zip Coun 32,514 K f Current Registered Agent	<i>'</i>	7. CERTIFICATE OF STATUS DESIRE	Not Applicable \$5.00 Additional Fee required for a Certificate of Status	
Name Christopher R. Smith Street Address (P.O. Box Number is Not Acceptable) 8069 Baywing Circle Suite, Apt. #, Etc. City PenSAcola State FL 3a514			☑ 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 ac Signature of Registered Agent REGISTERED AGENT MUST SIGN			Date 10 9 08		
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/ Manag		treet Address of Each aging Member/Manag		City / State / Zip	
Pres Christopher R. Smith 8069 Baywind Circle,		10.7 708-107044	FL 33514 D19401 004 **277.50		
		REINSTATEMENT			
2007-08					
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 dissetution 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 119 08 Daytime Phone # 757 417 5360					
Typed or printed name of signing Managing Member/Manager Christopher R. Smith					