

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 DEC 02 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000046171

1. Limited Liability Company's Name

Naviga Business Services LLC

100138380311
12/02/08--01031--007 **382.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 4807 Bayshore Blvd		3. Mailing Office Address 4807 Bayshore Blvd	
Suite, Apt. #, etc. Suite 304		Suite, Apt. #, etc. Suite 304	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33611	Country United States	Zip 33611	Country United States

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 6/21/2004	
6. FEI Number 56-2308143	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Kevin Steffey		
Street Address (P.O. Box Number is Not Acceptable) 4807 Bayshore Blvd		
Suite, Apt. #, Etc. Suite 304		
City Tampa	State FL	Zip Code 33611

☐ 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 See #10 for Signature
REGISTERED AGENT MUST SIGN

Date 12/1/2008

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	Kevin B Steffey	3904 W Corona St	Tampa, FL 33629
MGRM	Kathleen M Steffey	3904 W Corona St	Tampa, FL 33629

REINSTATEMENT 07 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 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 [Signature] Date 12/1/2008 Daytime Phone # 813-385-1768

Typed or printed name of signing Managing Member/Manager Kevin B Steffey