

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 JUL 11 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000067019

1. Limited Liability Company's Name

Nursxpert, LLC

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BL

BK

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
1332 Ocean Drive3. Mailing Office Address
1332 Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Beach, FLCity & State
Miami Beach, FLZip
33139Country
USAZip
33139Country
USA4. State/Country of Formation
Florida5. Date Organized or Qualified
To Do Business in Florida 9-13-20046. FEI Number
26-0398777☒ Applied For
☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Craig M. Dorne

BK

Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln RoadSuite, Apt. #, Etc.
Penthouse SoutheastCity
Miami BeachState
FLZip Code
33139☒ 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

Date 6-21-07

REGISTERED AGENT MUST SIGN

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	Kazumyan, Arsen	1332 Ocean Drive	Miami Beach, FL 33139
			500106615565
			07/24/07--01017--022 **150.00
			REINSTATEMENT 2005-2007

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

Date 6-21-07

Daytime Phone # 517-402-5584

Typed or printed name of signing Managing Member/Manager Arsen Kazumyan, Managing Member