

9-15-06
150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:53

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000084196

1. Limited Liability Company's Name
Nordqvist Photography, L.L.C.

CR2E041 (8/05)

2. Principal Office Address
9751 E. Bay Harbor Drive

3. Mailing Office Address
9752 E. Bay Harbor Drive

Suite, Apt. #, etc.
902

Suite, Apt. #, etc.
902

City & State
Bay Harbor Islands, FL

City & State
Bay Harbor Islands, FL

Zip
33154

Country
U.S.A.

Zip
33154

Country
U.S.A.

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 11/15/2004

6. FEI Number ☒ 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
Staffan R. Nordqvist

Street Address (P.O. Box Number is Not Acceptable)
9751 E. Bay Harbor Drive

Suite, Apt. #, Etc.
902

City
Bay Harbor Islands

State
FL

Zip Code
33154

700080695967

10/10/06--01070--004 **50.00

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 9/27/06

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
MM	Staffan R. Nordqvist	9751 E. Bay Harbor Drive	Bay Harbor Islands, FL 33154
			400082485514 12/12/06--01017--006 **100.00

REINSTATEMENT 2006

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 9/27/06

Daytime Phone # 305 968 8068

Typed or printed name of signing Managing Member/Manager