

CORPORATE  
ACCESS,  
INC.

*When you need ACCESS to the world*  
**LOS 000032696**

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 3-20-15

- CERTIFIED COPY
- PHOTOCOPY
- CUS
- FILING

Reinstatement

*File 1st*

1. Nashom, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. 1348.75  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

FILED  
2015 MAR 20 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED

2015 MAR 20 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000032696

1. Limited Liability Company's Name  
NASHDOM, LLC

2. Principal Office Address - No P.O. Box #  
2699 South Bayshore Drive

Suite, Apt. #, etc.  
7th Floor

City & State  
Miami

Zip  
33133

Country  
US

3. Mailing Office Address  
2699 South Bayshore Drive

Suite, Apt. #, etc.  
7th Floor

City & State  
Miami

Zip  
33133

Country  
US

CR2E041 (1/14)

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida April 4, 2005

6. FEI Number  
\* 963-72-8559

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  
Corpro, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,  
2699 South Bayshore Drive

Apt. #, Etc.  
7th Floor

City  
Miami

State  
FL

Zip Code  
33133

100270865281  
03/20/15--01008--028 \*\*1408.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.

Signature of  
Registered Agent

By: *Manuel Vico Pres. of Corpro, Inc.*  
REGISTERED AGENT MUST SIGN

Date 3/19/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	SHNAIDER, EVSEI	1 Post Rd. #304 Toronto	Ontario, Canada M3B3R4

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 805, 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 requirement of section 805.0012, 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 authorized representative/member

*Evsei Shnaider*  
Evsei Shnaider

Date

03/19/15

Daytime Phone #

305-931-1655

Typed or printed name of signing authorized representative/member