L05000032496

CORPORATE ACCESS, INC.

When you need ACCESS to the world

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
- [x] PHOTOCOPY
- [ ] CUS
- [x] FILING Reinstatement

Please 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:

M Callaan MAR 23 2015

FILED

2015 MAR 20 AM 10: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS 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 #		3. Mailing Office Address	
2699 South Bayshore Drive		2699 South Bayshore Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
7th Floor		7th Floor	
City & State		City & State	
Miami		Miami	
Zip	Country	Zip	Country
33133	US	33133	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

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

8. Name and Address of Current Registered Agent

Name
Corpco, Inc.

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

Apt. #, Etc.
7th Floor

City	State	Zip Code
Miami	FL	33133

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent By: [signature] Vice Pres. of Corpco, Inc. Date 3/19/15
REGISTERED AGENT MUST SIGN

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 605, 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 605.0012, 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 [signature] Date 03/19/15 Daytime Phone # 305-931-1655

Typed or printed name of signing authorized representative/member Evsei Shnaider