

LOS000037327

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR -5 PM 1:45

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04/05/10--01005--021 **798.75

CR2E041 (11/09)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LOS000037327 *BK*

1. Limited Liability Company's Name

KRIVCO/Nags Head LLC

06

2. Principal Office Address - No P.O. Box #

41 West Purnam Avenue

Suite, Apt. #, etc.

3rd Floor

City & State

Greenwich, CT

Zip

06830

Country

USA

3. Mailing Office Address

41 West Putnam Avenue

Suite, Apt. #, etc.

3rd Floor

City & State

Greenwich, CT

Zip

06830

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

April 18, 2005

6. FEI Number

68-0600595

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

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 C. Brooks FOR NRAI SERVICES INC.

Date 4/2/10

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
MGR	Kramer, Richard L.	41 West Putnam Avenue 3rd Floor	Greenwich, CT 06830
MGR	Ellick, Stephen H.	5301 Wisconsin Ave., N.W. Suite 740	Washington, D.C. 20015

REINSTATEMENT 2006-2010

11. E-mail Address: dhickie@republicholdingscorp.com

(To be used for future annual report notifications)

12. 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

Stephen H. Ellick

Date

4/1/2010

Daytime Phone # (202) 537-5500

Typed or printed name of signing Managing Member/Manager Stephen H. Ellick