

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 21 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000051982

1. Limited Liability Company's Name

Nolan Development, LLC

100150940471
04/17/09--01004--017 **516.25
CR2E041 (10/08)

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

1331 Woodale Ave.

Suite, Apt. #, etc.

City & State

Winter Park

Zip

FL 32789

Country

USA

3. Mailing Office Address

2840 West Bay Dr.

Suite, Apt. #, etc.

#279

City & State

Belleair Bluffs, FL

Zip

33770

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

2005

6. FEI Number

431117193

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
Raymond Nolan

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

1331 Woodale Ave.

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

☐ 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

Raymond Nolan

REGISTERED AGENT MUST SIGN

Date 4/14/09

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	Raymond Nolan	1331 Woodale Ave.	Winter Park, FL 32789
MGRM	Elizabeth Nolan	1331 Woodale Ave.	Winter Park, FL 32789
	L. SELLERS		
	APR 22 2009		
	EXAMINER		

REINSTATEMENT

07-09

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

Raymond Nolan

Date 4/14/09

Daytime Phone# 727-480-7565

Typed or printed name of signing Managing Member/Manager