

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUN 24 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100156950091
06/09/09--01038--007 **377.50

CR2E041 (10/08)

DOCUMENT # **L05000055939**

1. Limited Liability Company's Name

6011 Nova LLC

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

11921 nw 27th st

Suite, Apt. #, etc.

1

City & State

Plantation FL

Zip

33323

Country

USA

3. Mailing Office Address

4101 hiatus Rd

Suite, Apt. #, etc.

107

City & State

Sunrise FL

Zip

33351

Country

USA

4. State/Country of Formation

Broward

5. Date Organized or Qualified
To Do Business in Florida

6.6.05

6. FEI Number

203137160

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

David Ardelean

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

4101 hiatus Rd 107

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

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

[Signature]

Date

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	Ana Ardelean	11921 nw 27th st	Plantation Fl. 33323

100156950091
06/24/09--01011--024 **138.75

REINSTATEMENT

[Handwritten signatures and dates]

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

Ana Ardelean

Date **6.5.09**

Daytime Phone # **954.895.4101**

Typed or printed name of signing Managing Member/Manager

Ana Ardelean