


L050000 59563

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # L05000059563					
1. Limited Liability Company's Name NASHVORE, LLC					
2. Principal Office Address - No P.O. Box # 900 Division St		3. Mailing Office Address 900 Division Street		4. State/Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 6/15/2005	
City & State Nashville TN		City & State Nashville, TN		6. FEI Number 20-3018283	
Zip 37203	Country USA	Zip 37203	Country	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name CorpDirect Agents, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVE					
Suite, Apt. #, Etc.					
City Tallahassee		State FL	Zip Code 32301		
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 _____ Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
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	
Managing Member	Dwight Wiles	900 Division St Nashville TN		Nashville TN 37203	
Managing Member	Elliot Levine	150 East 52nd, 19th FL		NY NY 10019	
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REINSTATEMENT 2007-2008					
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 <u>Dwight Wiles</u> Date <u>12/3/08</u> Daytime Phone # <u>615-242-2727</u>					
Typed or printed name of signing Managing Member/Manager <u>Dwight Wiles</u>					