

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION

07 DEC 4 PM 3:26

DOCUMENT # L05000093225

1. Limited Liability Company's Name

NAP OF NORTH FLORIDA, LLC

CR2E041 (1/07)

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

8304 RIDING CLUB RD

3. Mailing Office Address

1655 N. CENTRAL EXP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL 32256

City & State

RICHARDSON, TX

Zip

Country

32256

U.S.A

Zip

Country

75080

U.S.A

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

7/26/2005

6. FEI Number

203369125

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

ALIREZA MORIRAHIMI

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

8304 RIDING CLUB RD.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32256

☐ 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]*

REGISTERED AGENT MUST SIGN

Date

11/27/2007

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
MEM	MORIRAHIMI, ALIREZA	8304 RIDING CLUB RD JACKSONVILLE, FL 32256	JACKSONVILLE FL 32256
"	MOSAVI, PARVIN	"	"
MEM	MORIRAHIMI, NINA	"	"

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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

*[Signature]*

Date

11/27/2007

Daytime Phone #

9046128896

Typed or printed name of signing Managing Member/Manager