

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 DEC 28 A 10:18

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12/13/07 010478501 FL 0R 804.00

CR2ED41 (1/07)

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1. Limited Liability Company's Name

NEXUS LIGHT DRIVE LLC

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

16709 AMBAR LAKE

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33331

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida

8/17/05

6. FEI Number

20-3337809

Applied For

Not Applicable

7. CERTIFICATE OF STATUS USED

8. Name and Address of Current Registered Agent

MATTHEW J. BECKER

2250 PEPPERTREE CIE NORTH

Suite, Apt. #, etc.

City

DAVIE

FL

33314

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 this state limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT EXACT COPY

Date 12/15/07

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MEMBER	CARROLL SMITH	SAME AS 2 ABOVE	SAME

REINSTATEMENT 06-07

11. I certify that I am managing member/manager or the receiver of Florida appointed to exercise the jurisdiction 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 meets the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. This information contained on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

*[Handwritten Signature]*

Date 12/17/07

Office Phone # 954-608-2401

Typed or printed name of signing managing member/manager CARROLL SMITH