

277.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 24 AM 10: 50

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD5000093035

1. Limited Liability Company's Name

NA Holdings, LLC

CR2E041 (10/08)

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

5589 Marquesas Cir

Suite, Apt. #, etc.

Unit # 101

City & State

Sarasota

Zip

FL

Country

34233

3. Mailing Office Address

5589 Marquesas Cir

Suite, Apt. #, etc.

Unit # 101

City & State

Sarasota

Zip

FL

Country

34233

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified
To Do Business in Florida

September 2005

6. FEI Number

05-0627329

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

E. John Wagner II

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

200 S Orange Avenue

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

☒ 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

REGISTERED AGENT MUST SIGN

Date 12/12/08

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
CEO	Daniel S Miller	4808 Peregrine Point Circle West	Sarasota, FL 34231

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REINSTATEMENT

DL-08

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

Date 12/6/08 Daytime Phone # 941-544-2686

Typed or printed name of signing Managing Member/Manager

Daniel S. Miller