

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 14 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000095215

1. Limited Liability Company's Name

NOLA MIA LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 66 NE 40th Street		3. Mailing Office Address 66 NE 40th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33137	Country usa	Zip 33137	Country usa

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 09/27/2005	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Steve Martin	
Street Address (P.O. Box Number is Not Acceptable) 66 NE 40th Street	
Suite, Apt. #, Etc.	
City Miami	State FL
Zip Code 33137	

☒ 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 **11-6-07**

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	Steve Martin	66 NE 40th Street	Miami, FL 33137

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REINSTATEMENT 06, 07

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 **10/26/2007**

Daytime Phone # **305.484.1491**

Typed or printed name of signing Managing Member/Manager

Steve Martin