

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L06000025492**

**1. Limited Liability Company's Name**

NRW Manager, LLC

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

11601 Biscayne Boulevard

Suite, Apt. #, etc.

101

City & State

North Miami

Zip

33181

Country

USA

**3. Mailing Office Address**

11601 Biscayne Boulevard

Suite, Apt. #, etc.

101

City & State

North Miami

Zip

33181

Country

USA

**4. State/Country of Formation**

Florida / USA

**5. Date Organized or Qualified  
To Do Business in Florida**

03/09/2006

**6. FEI Number**

26-0784680

☐ 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

Moonlight Ventures LLC

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

3300 NE 191st ST

Suite, Apt. #, Etc.

Ste# 1012

City

Aventura

State

FL

Zip Code

33180

☐ 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

3/13/2009

**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	Ricardo Djmal	11601 Biscayne Boulevard - Ste 101	North Miami / FL / 33181
MGR	Hernan Gleizer	16500 COLLINS AVE	SUNNY ISLES / FL / 33160
MGR	Juan Pablo Lorenzino	19432 NE 15 CT	MIAMI / FL / 33179

**REINSTATEMENT**

07-09 AL

**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

3/13/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Ricardo Djmal