

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT -2 PM 1:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000026307

1. Limited Liability Company's Name

NK ENTERPRISES LLC

CR2E041 (1/11)

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

2600 S. DOUGLAS RD

Suite, Apt. #, etc.

510

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

2600 S. DOUGLAS RD

Suite, Apt. #, etc.

510

City & State

CORAL GABLES

Zip

FL

Country

33134

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/10/2006

6. FEI Number

20-4781044

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

DOUGLAS REGISTERED AGENTS LLC

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

2600 S. DOUGLAS RD

Suite, Apt. #, Etc.

510

City

CORAL GABLES

State

FL

Zip Code

33134

E-mail Address:

200251332972
09/03/13--01031--005 **1316.25

CORP@CASTELLONPL.COM

(To be used for future annual report notices)

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

Date **07/18/2013**

REGISTERED AGENT MUST SIGN

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	RAFAEL I TROCONIS	2600 S. DOUGLAS RD, 510	CORAL GABLES, FL 33134
MRG	KRISTINA WETTER	2600 S. DOUGLAS RD, 510	CORAL GABLES, FL 33134

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **07/18/2013**

Daytime Phone # **786-391-3721**

Typed or printed name of signing Managing Member/Manager **Kristina Wetter**