

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

CR2E041 (1/11)

DOCUMENT # L06000026307

1. Limited Liability Company's Name
NK ENTERPRISES LLC

2. Principal Office Address - No P.O. Box #
2600 S. DOUGLAS RD

Suite, Apt. #, etc.
510

City & State
CORAL GABLES, FL

Zip Country
33134 USA

3. Mailing Office Address
2600 S. DOUGLAS RD

Suite, Apt. #, etc.
510

City & State
CORAL GABLES

Zip Country
FL 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 State Zip Code
CORAL GABLES FL 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 
REGISTERED AGENT MUST SIGN


Date **07/18/2013**

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

1071.25

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 608.408, 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**