

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 13 PM 12:06

REINSTATEMENT 07-69 New

DOCUMENT # L06000030049

1. Limited Liability Company's Name

NEVAEH ACQUISITIONS, LLC

700155762377
05/11/09--01033--007 ***416.25
CR2E041 (10/08)

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

5379 Lyons Road

3. Mailing Office Address

5379 Lyons Road

Suite, Apt. #, etc.

#175

Suite, Apt. #, etc.

#175

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

Zip

33073

Country

USA

Zip

33073

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida 03/21/2006

6. FEI Number

20-4567670

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

Autry L. Denson, Jr.

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

5379 Lyons Road

Suite, Apt. #, Etc.

#175

City

Coconut Creek, FL

State

FL

Zip Code

33073

☒ 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

Autry L. Denson, Jr.

REGISTERED AGENT MUST SIGN

Date

5/6/09

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
MGRM	Autry L. Denson, Jr.	5379 Lyons Road (#175)	Coconut Creek, FL 33073

700155762377
05/11/09--01033--008 ***5.00

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

Autry L. Denson, Jr.

Date

5/6/09

Daytime Phone#

(772) 418-4971

Typed or printed name of signing Managing Member/Manager

Autry L. Denson, Jr.