

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

10 FEB 22 AM 10:17

FILING CANCELLED
RETURNED CHECK

CR2E041 (11/09)

DOCUMENT # L06000034570

1. Limited Liability Company's Name

NEW HORIZONS BUILDING LLC

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

1106 INDIANA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Zip

34683

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

2006

6. FEI Number

205198685

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

RICHARD ETEN

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

1106 INDIANA AVE

Suite, Apt. #, Etc.

City

Palm Harbor FL

State

FL

Zip Code

34683

☒ 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.

out of country

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 Feb 16 / 10

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
MANAGER	Richard ETEN	1106 INDIANA AVE	Palm Harbor, FL 34683
	REINSTATEMENT 2008-2010		

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11. E-mail Address: RICHETEN@YAHOO.COM

(To be used for future annual report notifications)

12. 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 2/16/10

Daytime Phone # (561) 502-5241

Typed or printed name of signing Managing Member/Manager