

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 24 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000062161

1. Limited Liability Company's Name

Denis Nuila Stucco LLC

CR2E041 (10/08)

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

5335 Lantai Dr

Suite, Apt. #, etc.

3. Mailing Office Address

5335 Lantai Dr

Suite, Apt. #, etc.

City & State

Orlando, Fla.

Zip

32812

Country

Orange

City & State

Orlando, Fla.

Zip

32812

Country

Orange

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6-19-2006

6. FEI Number

05-0546313

☒ 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

Denis Nuila Stucco

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

5335 Lantai Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32812

☒ 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

Denis Nuila

Date

1-23-09

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
<u>MGR</u>	<u>Denis Nuila</u>	<u>5335 Lantai Dr.</u>	<u>Orlando, Fla. 32812</u>
<u>MGR</u>	<u>Miriam I. Nuila</u>	<u>5335 Lantai Dr.</u>	<u>Orlando, Fla. 32812</u>
			<u>100144308041</u>
			<u>02/24/09--01041--017 **516.25</u>

REINSTATEMENT 07-09

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 Denis Nuila

Date

1-23-09

Daytime Phone #

407-914-7764

Typed or printed name of signing Managing Member/Manager

DENIS NUILA

N. 0. 0. 0.

FEB 25 2009