

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 JUL 22 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000080257

1. Limited Liability Company's Name

N & L PROPERTIES, LLC

200210040472
07/15/11--01031--013 **516.25

CR2E041 (1/11)

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

1774 Pam Circle

Suite, Apt. #, etc.

3. Mailing Office Address

1774 Pam Circle

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32809

Country

USA

City & State

Orlando FL

Zip

32809

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08-05-2006

6. FEI Number

205487174

☒ 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

Vincent Villalobos

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

1774 Pam Circle

Suite, Apt. #, Etc

City

Orlando

State

FL

Zip Code

32809

E-mail Address:

VVillalobos@cfl.rr.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 Vincent Villalobos

Date 7-12-2011

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
manager	Jayne Villalobos	1774 Pam Cir.	Orlando, FL 32809

REINSTATEMENT-09-2011

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 Vincent Villalobos

Date 7-12-2011

Daytime Phone # 321-948-3809

Typed or printed name of signing Managing Member/Manager Vincent Villalobos

Total 516.25 C/L