

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -4 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000115467

1. Limited Liability Company's Name

NANFL HOLDINGS LLC

CR2E041 (10/08)

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

925 W. Semoran Blvd.

Suite, Apt. #, etc.

Suite 102

City & State

Winter Park, Florida

Zip

32792

Country

USA

3. Mailing Office Address

22021 Brookpark Road

Suite, Apt. #, etc.

City & State

Fairview Park, Ohio

Zip

44126

Country

USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida December 1, 2006

6. FEI Number
20-8142008

☐ 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

Nicholas Stallard

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

925 W. Semoran Blvd.

Suite, Apt. #, Etc.

Suite 102

City

Winter Park

State

FL

Zip Code

32792

☐ 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

Date October 30, 2008

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
MGR	Nicholas Stallard	22021 Brookpark Road	Fairview Park, Ohio 44126
MGR	Neil Stallard	22021 Brookpark Road	Fairview Park, Ohio 44126
MGR	Amanda Lowe	1190 Poppy Hill Drive	Blacklick, Ohio 43004

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REINSTATEMENT

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

Date 10/30/08 Daytime Phone # 216-632-0371

Typed or printed name of signing Managing Member/Manager

NICHOLAS STALLARD