

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 DEC 14 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

**DOCUMENT # L06000117947**

**1. Limited Liability Company's Name**

NORDAN ENTERPRISES, LLC  
11461 S ORANGE BLOSSOM TRL  
SUITE 3  
ORLANDO, FL 32837 US

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

11461 S. Orange Blossom Tr

Suite, Apt. #, etc.

Suite # 3

City & State

Orlando FL

Zip

32837

Country

Orange

**3. Mailing Office Address**

14005 ABACO ISLE DR.

Suite, Apt. #, etc.

City & State

FI ORLANDO FL

Zip

32824

Country

ORANGE

**4. State/Country of Formation**

FI, Orange

**5. Date Organized or Qualified**

To Do Business in Florida December 12, 2006

**6. FEI Number**

208070084

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

Daniel Aponte

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

14005 Abaco Isle Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32824

**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

*Daniel Aponte*

REGISTERED AGENT MUST SIGN

Date 12-02-09

**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	Daniel Aponte	14005 Abaco Isle Dr	Orlando, FI 32824
MGRM	Norma Aponte	14005 Abaco Isle Dr	Orlando, FI 32824

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12/11/09--01049--007 \*\*277.50

REINSTATEMENT 08-09

**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

*Daniel Aponte*

Date 11-02-09 Daytime Phone #

Typed or printed name of signing Managing Member/Manager