2008 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT										
DOCUMENT # L07000019395										
1. Entity Nam NU-STAF		TY, LLC					08 NOV -4 AM II: 47			
Principal Place of Business Mailing Address							SECRETARY OF STATE TALLAHASSEE FLORIDA			
5281 CHERF	RY WOOD DR		5281 CHERRY WOOD DR.				MELANAS	SEE FLURIDA		
NAPLES, FL 34119 US NAPLES, FL 34119 US										
Principal Place of Business - No P.O. Box # 3. Mailing Address										
				e. Apt. #. etc.			IS MUSTI CENTI DUCTI ZUNT UNIT	I ADIDI WANA METAN UMA ININI AK		
Suite, Apt.	#, etc.					10302008	REIN-LLC	CR2E101 (1/07)		
City & Stat	ė		City & State			4. FEI Numb	N/A	<u> </u>	plied For t Applicable	
Zip	Country		Zip	Country		5. Certificate	of Status Desired	55.00 Add	litional d	
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent			
GIEFER, C				Name Street Address (P.O. Box Number is Not Acceptable)						
5281 CHE NAPLES, I				Street Address (per is Not Acceptable	·) 		
[:			City		City			— Tin Cod		
9. The charge period antity submits this statement for the purpose of changing its society.						City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE										
							Make	e check payable to		
		FEE IS \$238.75 9, Fee will be \$377.50						Department of State	•	
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	**************************************	
TITLE NAME	MGR GIEFER.	CORELLI	Detete	TITU		10	(0100cm	Change	Addition	
STREET ADDRESS	T ADDRESS 5281 CHERRY WOOD DR.					11703.	/08=-01070=°	31 <mark>,48,1</mark> 38.7	'5	
TITLE	Delete				-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM SIR	EET ADDRESS					
CITY-ST-ZIP			0.700.000		-ST-ZIP					
TITLE NAME								Change	Addition	
STREET ADDRESS CITY-ST-ZIP	ET ADDRESS STI									
TITLE			☐ Delete	TITLE	-ST-ZIP E			Change	☐ Addition	
NAME STREET ADDRESS				NAM STRE	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP			_		
TITLE NAME			☐ Delete	TITL NAM	E T	SILIVIO	سمال ۷ بال بال	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS	ATTIAL	STATE	MENT		
TITLE			☐ Delete	TITL				☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM Stri	EET ADDRESS					
CITY-ST-ZIP	<u></u>				'-ST-ZIP				• • • • • • • • • • • • • • • • • • • •	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empgwered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 10 - 28 - 2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Double Dou										
ı	DEURATURE	ARE LITTED OR PRINTED NAME O	T GORING MARAGING MEMBER, M	-wars 01	AN IMPROVED REP	RESERIATIVE	Date	Daytime Phone #		