

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 15 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000020197

1. Limited Liability Company's Name

Nest Management, LLC

CR2E041 (1/11)

0842

2. Principal Office Address - No P.O. Box # 4601 N Military Trail		3. Mailing Office Address 4601 N Military Trail	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33458	Country Palm Beach	Zip 33458	Country Palm Beach

4. State/Country of Formation Palm Beach	
5. Date Organized or Qualified To Do Business in Florida 03/01/2007	
6. FEI Number 26-0590614	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Joann Levy			
Street Address (P.O. Box Number is Not Acceptable) 6751 145th Place			
Suite, Apt. #, Etc.			
City Palm Beach Gardens	State FL	Zip Code 33440-33418	

E-mail Address:
00023510373U
05/15/12--01008--UU7 **753.75
Judd214@gmail.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 [Signature] Date 5-9-12
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
Mgrm	Andrew Levy	6751 145th Place	Palm Beach Gardens, FL 33410
Mgrm	Joann Levy	6751 145th Place	Palm Beach Gardens, FL 33410

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 608.408, 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 [Signature] Date 5-9-12 Daytime Phone # 904-624-4800
Typed or printed name of signing Managing Member/Manager Andrew Levy