

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 29 PM 4:26

DOCUMENT # L07000050286

1. Entity Name
NICHOLAS HERBST, L.L.C.



Principal Place of Business
3516 ASHMORE LANE
PACE, FL 32571

Mailing Address
3516 ASHMORE LANE
PACE, FL 32571



2. Principal Place of Business - No P.O. Box #
5940 Swanner Ln

3. Mailing Address
5940 Swanner Ln
Pineywoods PL APT 22

Suite, Apt. #, etc.
Pineywoods PL Apt 22
City & State
Milton FL 32570

Suite, Apt. #, etc.
Pineywoods PL APT 22
City & State
Milton FL

Zip
32570 Country
USA

Zip
32570 Country
USA

10292008 REIN-LLC CR2E101 (1/07)

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERBST, NICHOLAS S
3516 ASHMORE LANE
PACE, FL 32571

7. Name and Address of New Registered Agent

Name
Herbst Nicholas S
Street Address (P.O. Box Number is Not Acceptable)
5940 Swanner Ln Pineywoods PL Apt 22
City Milton FL Zip Code 32570

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 *Nicholas S Herbst*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 11/11/08

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HERBST, NICHOLAS S
3516 ASHMORE LANE
PACE, FL 32571 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Herbst, Nicholas S
5940 Pineywoods PL APT 22 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400141439064
01/20/09--01062--005 **238.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2008 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Nicholas S Herbst*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 11/11/08 850-698-3196
Daytime Phone #