

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 30 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600163589826
12/30/09--01037--004 **138.75

600163589826
12/14/09--01059--008 **138.75

CR2E041 (11/09)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L070000 62404

1. Limited Liability Company's Name

Nickerson ENTERPRISES LLC

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

1120 SW CHAPMAN way

Suite, Apt. #, etc.

3. Mailing Office Address

710 SW 31ST Street

Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Palm City FL

Zip

34990

Country

MAINTEN US

Zip

34990

Country

MAINTEN US

4. State/Country of Formation

FLORIDA / US

5. Date Organized or Qualified
To Do Business in Florida

9/26/08

6. FEI Number

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

Thomas Nickerson

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

710 SW 31ST Street

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

X 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

Thomas Nickerson

REGISTERED AGENT MUST SIGN

Date 12/08/09

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
MEMBER	Thomas Nickerson	710 SW 31 ST Street	Palm City FL 34990

REINSTATEMENT 08-09

DB

11. E-mail Address. T.Nickerson@marina@aol.com

(To be used for future annual report notifications)

12. 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

Thomas Nickerson

Date 12/18/09

Daytime Phone # 772 631-0966

Typed or printed name of signing Managing Member/Manager