

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 -2 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L07000075125

1. Limited Liability Company's Name

NU DESIGN ELEMENT LLC

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

625 5TH KEY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

625 5TH KEY DRIVE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified

To Do Business in Florida

7/20/2007

6. FEI Number

80-0480184

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

BRUCE W. STANLEY

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

625 5TH KEY DRIVE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33304

☒ 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

Bruce Wayne Stanley
REGISTERED AGENT MUST SIGN

Date 11/22/09

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	BRUCE W STANLEY	625 5TH KEY DRIVE	FORT LAUDERDALE, FL 33304
			300163195243 11/30/09--01073--020 **282.50
		08-09 OK 12-3-09	

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

Bruce Wayne Stanley

Date 11/22/09

Daytime Phone # 305.508.8805

Typed or printed name of signing Managing Member/Manager

BRUCE W STANLEY