

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUN 25 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600156951116
06/09/09--01038--024 **138.75

CR2E041 (10/08)

DOCUMENT # L07000077886

1. Limited Liability Company's Name

NIARB RESEARCH INSTITUTE, LLC

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

28 St. James Street Drive

Suite, Apt. #, etc.

3. Mailing Office Address

28 St. James Street Drive

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33418

Country

US

Zip

33418

Country

US

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified

To Do Business in Florida 7/27/2007

6. FEI Number

26-0676003

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

W. Rodgers Moore, P.A.

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

1900 Glades Rd

Suite, Apt. #, Etc.

Suite 401

City

Boca Raton

State

FL

Zip Code

33418

☒ 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

REGISTERED AGENT MUST SIGN

Date 5/11/09

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
MGR	Paul Winner	28 St. James Street Drive	Palm Beach, FL 33418

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

Margaret Winner

Date 5/7/09

Daytime Phone # 501-694-1453

Typed or printed name of signing Managing Member/Manager

Margaret Winner