

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAY -3 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600176684966  
04/20/10--01044--020 \*\*416.25

CR2E041 (11/09)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 07000082007

1. Limited Liability Company's Name

N V NAILS LLC

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

1871 N. FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

Zip

33020

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

08/09/2007

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

LE, DAVID

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

1871 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City

HOLLYWOOD,

State

FL

Zip Code

33020

☒ 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

*D. David*

REGISTERED AGENT MUST SIGN

Date 04-16-10

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	DAVID LE	1871 N. FEDERAL HIGHWAY	HOLLYWOOD, FL 33020

REINSTATEMENT 08-10 AL

11. E-mail Address:

(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

*D. David*

Date 04/16/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager