


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY -5 AM 10:44

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Limited Liability Company's Name

NIGRIV, LLC

900207217849
05/05/11--01005--010 **516.25
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address 205 SEDONA WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PALM BEACH GARDENS, FL	
Zip	Country	Zip	Country
		33418	usa

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 11/07/2007	
6. FEI Number 45-0581409	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **GINA CIERI**

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

Suite, Apt. #, Etc.

City **PALM BEACH GARDENS** State **FL** Zip Code **33418**

E-mail Address:
didierhardy@comcast.net
(To be used for future annual report notices)

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 *Gina Cieri* Date *23 April 2011*
REGISTERED AGENT MUST SIGN

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
<i>mgr</i>	Didier Hardy, Manager	205 Sedona Way	Palm Beach Gardens, FL 33418

REINSTATEMENT 2009-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Didier Hardy* Date *04/25/2011* Daytime Phone # *(561) 254-1119*

Typed or printed name of signing Managing Member/Manager **DIDIER HARDY**