

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 MAY -5 AM 10:44

**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	
Suite, Apt. #, etc.		205 SEDONA WAY	
City & State		City & State	
PALM BEACH GARDENS, FL		PALM BEACH GARDENS, FL	
Zip	Country	Zip	Country
33418	usa	33418	usa

4. State/Country of Formation	
FLORIDA	
5. Date Organized or Qualified To Do Business in Florida	
11/07/2007	
6. FEI Number	Applied For
45-0581409	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 <b>GINA CIERI</b>			
Street Address (P.O. Box Number is Not Acceptable)			
205 SEDONA WAY			
Suite, Apt. #, Etc.			
City		State	Zip Code
PALM BEACH GARDENS		FL	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
mgr	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