


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
MAR 23 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/23/10--01016--009 \*\*282.50

CR2E041 (11/09)

**LIMITED LIABILITY COMPANY REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L08000073849  
1. Limited Liability Company's Name N. DURANCE, LLC

2. Principal Office Address - No P.O. Box # <u>513 HART STREET</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>TALLAHASSEE, FL</u>		City & State	
Zip <u>32301</u>	Country <u>USA</u>	Zip	Country

4. State/Country of Formation <u>FL US</u>	
5. Date Organized or Qualified To Do Business in Florida <u>8-1-08</u>	
6. FEI Number <u>APPLIED FOR</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name KAREN COX-DENNIS

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

Suite, Apt. #, Etc.

City TALLAHASSEE, State FL Zip Code 32301

☒ 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 [Signature] Date 3/23/10

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
MGRM	KAREN COX-DENNIS	513 HART STREET	TALLAHASSEE, FL 32301

**S. HAWKES**  
MAR 23 2010  
**EXAMINER**

**REINSTATEMENT**  
2009-10

11. E-mail Address Karen@forgottencoastproductions.com  
(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 [Signature] Date 3/23/10 Daytime Phone # 850 653-6930

Typed or printed name of signing Managing Member/Manager