

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 25 AM 10:22

DOCUMENT # **L08000088994**

1. Limited Liability Company's Name

NOS South Florida LLC.

600207217536
05/05/11--01005--006 **238.75
CR2E041 (1/11)

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

11748 NW 47th Dr.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL.

City & State

Zip

Country

Zip

Country

33076 USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/17/08.

6. FEI Number

26-3428421

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

Eran Notes

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

11748 NW 47th Drive

Suite, Apt. #, Etc.

City

Coral Springs, FL.

State

FL

Zip Code

33076

E-mail Address:

@artconnectionusa.com

accounting@artconnectionusa.com
(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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/25/11

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	Notes, Eran	11748 NW 47th Drive	Coral Springs, FL 33076
MGR	Sadiq, Ofer	10620 NW 49th	Coral Springs, FL 33076

600207217536
05/26/11--01009--019 **138.75

REINSTATEMENT 2010, 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

[Signature]

Date

4/25/11

Daytime Phone #

(254) 977-8177

Typed or printed name of signing Managing Member/Manager

T. Hamilton MAY 25 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 MAY 25 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 6, 2011

NOS SOUTH FLORIDA, LLC
11748 NW 47TH DR
CORAL SPRINGS, FL 33076

SUBJECT: NOS SOUTH FLORIDA, LLC
Ref. Number: L08000088994

We have received your document for NOS SOUTH FLORIDA, LLC and check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00011194