


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

15 APR -2 PM 3:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L10000069190
 1. Limited Liability Company's Name
NOBILO ENTERPRISES, LLC

2. Principal Office Address - No P.O. Box # 9480 THURLOE PLACE		3. Mailing Office Address 9480 THURLOE PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32827	Country	Zip 32827	Country

CR2ED041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida **06/28/2010**

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
Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite
11380 Prosperity Farms Road #221E

Apt. #, Etc.

City
Palm Beach Gardens

State
FL

Zip Code
33410

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  **Kristine Duran, Special Secretary** Date **04/02/2015**

REGISTERED AGENT MUST SIGN

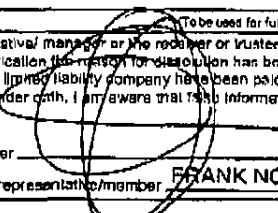
10. Names and Street Addresses of Authorized Representatives/Managers:

Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	FRANK NOBILO	6060 Parkland Blvd. #100	Cleveland OH 44124

REINSTATEMENT
 2011 2015

11. E-mail Address: **dave@fsmcap.com**

12. I certify that I am an authorized representative, manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 this 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 authorized representative/member  Date **04/02/2015** Daytime Phone # **(561) 694-8107**

Typed or printed name of signing authorized representative/member **FRANK NOBILO, MGRM by: Kristine Duran, Attorney-in-Fact**

APR 2 2015
 M. WILLIAMS

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (561)694-1639

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**LIMITED LIABILITY REINSTATEMENT
NOBILO ENTERPRISES, LLC**

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