

PLEASE READ ALL INSTRUCTIONS COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT
2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 DEC -4 AM 8:45

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # L11000078660

1. Limited Liability Company's Name

NPS ELECTRONICS LLC

CR2E041 (1/14)

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

4985 Eagle Cove Dr N

Suite, Apt. #, etc.

City & State

Palm harbor

Zip

34685

Country

USA

3. Mailing Office Address

4985 Eagle Cove Dr N

Suite, Apt. #, etc.

City & State

FLA

Zip

34685

Country

USA

4. State/Country of Formation

FLA USA

5. Date Organized or Qualified
To Do Business in Florida

8-1-11

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

Christopher S Joyce

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

4985 Eagle Cove Dr N

Suite, Apt. #, Etc.

City

Palm harbor

State

FL

Zip Code

34685

600267118816
12/04/14--01024--015 **240.00

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

Chris Joyce

Date 11-22-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|--------|----------------------------------------------------|-----------------------------------------------------------------|----------------------|
| owner | Chris Joyce | 4985 Eagle Cove Dr N | Palm harbor FL 34685 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address: Chris-Joyce@yahoo.com

(To be used for future annual report notifications)

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 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 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 false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Chris Joyce

Date

11-22-14

Daytime Phone #

727-543-7627

Typed or printed name of signing Authorized Representative/Manager

Chris Joyce