
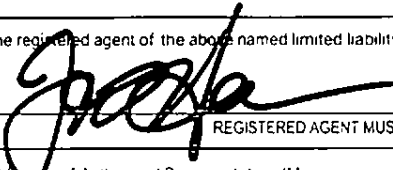
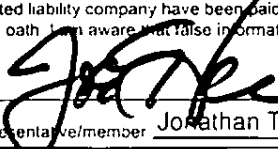


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

VA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L12000034062			
1. Limited Liability Company's Name NVC, LLC			
2. Principal Office Address - No P.O. Box # 420 E Pine Ave Suite, Apt #, etc		3. Mailing Office Address <i>Same as Principal</i> Suite, Apt #, etc	
City & State Crestview		City & State	
Zip 32539	Country US	Zip	Country
4. State/Country of Formation FL			
5. Date Organized or Qualified To Do Business in Florida 3/9/2012			
6. FEI Number 82-1828692		Applied For <input type="checkbox"/> 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 Jonathan Holloway Street Address (P.O. Box Number is Not Acceptable) Suite, 420 E Pine Ave Apt #, Etc City Crestview State FL Zip Code 32539			
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  Date 12/2/2024 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
MGR	Jonathan T Holloway	420 E Pine Ave	Crestview, FL 32539
11. E-mail Address jholloway@okaloosalaw.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 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 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 authorized representative/member  Date 12/2/2024 Daytime Phone # 850-398-6808 Typed or printed name of signing authorized representative/member Jonathan T. Holloway			

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2024 DEC -6 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

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