

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L12000036143

1. Limited Liability Company's Name

NEBULA OF FLORIDA LLC

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

3290 OVERLAND RD

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip

32703

Country

ORANGE

3. Mailing Office Address

3290 OVERLAND RD

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip

32703

Country

ORANGE

8. Name and Address of Current Registered Agent

Name

DANIEL PARKE

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

3290 OVERLAND RD

Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32703

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

REGISTERED AGENT MUST SIGN

Date

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
MGRM	DANIEL PARKE	3290 OVERLAND RD	APOPKA, FL 32703
		S. HAWKES	
		MAY 3 - A.M.	
		EXAMINER	

11. E-mail Address: DANIEL@MODELWERKS.ORG

(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

4/28/15

Daytime Phone #

Typed or printed name of signing authorized representative/member

DANIEL PARKE - MANAGER/MEMBER

FILED

15 MAY 17 AM 11:26

FLORIDA DEPARTMENT OF STATE  
ALL HAS SEEN FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

03/15/2012

6. FEI Number

45-4944645

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

W15-32828

500272677515

05/14/15--01001--026 \*\*416.25

500272677515

05/07/15--01002--022 \*\*100.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2015

NEBULA, LLC  
3290 OVERLAND RD  
APOPKA, FL 32703

SUBJECT: NEBULA, LLC  
Ref. Number: W15000032828

We have received your document for NEBULA, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years through 2015; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 605.0715, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 315A00009679