

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAR 24 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000103391

1. Limited Liability Company's Name

NMA Hospitality, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 926 North Bay Street		3. Mailing Office Address 926 North Bay Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Eustis, Florida		City & State Eustis, Florida	
Zip 32726	Country USA	Zip 32726	Country USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida
08/10/2012

6. FEI Number
46-0789308

☐ 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 Amit Patel			
Street Address (P.O. Box Number is Not Acceptable) 926 North Bay Street			
Suite, Apt. #, Etc.			
City Eustis	State FL	Zip Code 32726	

800258189098
03/24/14--01037--020 ***377.90

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

X

Date 3/6/14

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
MGR	Amit Patel	926 North Bay Street	Eustis, FL 32726

REINSTATEMENT

MAR 24 2014

R. HUNT

11. E-mail Address: APATEL0247@AOL.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

X

Date 03/01/2014

Daytime Phone # 843-367-4291

Typed or printed name of signing Authorized Representative/Manager Amit Patel, Manager