PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2019 SEP 30 ... TALLAHASSEE, FL

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10/17/19--01002--001 **1
CRZE041 (1/14)

DOCUMENT # L13000122847

1. Limited Liability Company's Name

NG Solutions, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
329 Randon Ter	329 Randon Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary, FL	City & State: Lake Mary, FL
Zip: 32746 Country: Seminole	Zip: 32746 Country: Seminole

4. State/Country of Formation: FL/US

5. Date Organized or Qualified To Do Business in Florida: 08/28/

6. FEI Number: 46-3772471

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional for a certificate

8. Name and Address of Current Registered Agent

Name: Sherif Magdy

Street Address (P.O. Box Number is Not Acceptable) Suite:
329 Randon Ter

Apt. #, Etc.:

City: Lake Mary | State: FL | Zip Code: 32746

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: Sherif Magdy
REGISTERED AGENT MUST SIGN

Date: 09/27/20

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	Sherif Magdy	329 Randon Ter	Lake Mary, FL

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11. E-mail Address: sherif.magdy.ng@gmail.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 fu certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of sec 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 sign 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 degre felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Sherif Magdy Date: 9/27/19 Daytime Phone #: 321-745-

Typed or printed name of signing authorized representative/member: