

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

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1 Limited Liability Company's Name

Night Life entertainment LLC

900372093029 08/23/21--01003--002 \*\*1000.00

900372093029 08/23/21--0992E03--49103 \*\*71.25

2. Principal Office Address - No P O Box #

3. Mailing Office Address

220 SW 56th AVE Apt. 102

220 SW 56th AVE

Suite, Apt #, etc

Suite, Apt #, etc

Margate FL

Apt. 102

City & State

City & State

33068 USA

Margate FL

Zip Country

Zip Country

33068 USA

33068 USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida

8/11/2014

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

NED JOSEPH

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

220 SW 56th AVE

Suite, Apt #, Etc

Apt. 102

City

Margate

State

FL

Zip Code

33068

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 6/02/2021

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	NED JOSEPH	220 SW 56th AVE Apt. 102	Margate, FL, 33068

REINSTATEMENT

2015-2021

11. E-mail Address nedj59@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 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 6/02/2021

Daytime Phone # (954) 803-2807