

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 14000126072

1. Limited Liability Company's Name

Night Life entertainment LLC

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

220 SW 56th AVE Apt. 102

Suite, Apt. #, etc

Margate FL

City & State

33068

Zip

USA

Country

3. Mailing Office Address

220 SW 56th AVE

Suite, Apt. #, etc

Apt. 102

City & State

Margate FL

Zip

33068

Country

USA

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

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 Representative/
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

FILED

2021 AUG 13 AM 10:46

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

300372093029
08/23/21--0092E031-4(10)3 **71.25

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