

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2021 MAR 18 AM 8:47

SECRET

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DOCUMENT # L18000138261

1. Limited Liability Company's Name

NORDIC & SONS ALL PHASE MAINTENANCE AND REPAIR, LLC

CR2E041 (1/14)

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

5312 HOLLYCREST DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip  
32205

Country  
USA

3. Mailing Office Address

5312 HOLLYCREST DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip  
32205

Country  
USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

05/30/2018

6. FEI Number

83-1497679

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

IVERSEN BLOMSETH, STEN WILMOT

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

5312 HOLLYCREST DRIVE

Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

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 02/19/2021

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	IVERSEN BLOMSETH, STEN WILMOT	5312 HOLLYCREST DRIVE	JACKSONVILLE, FL 32205
MGR	BLOMSETH, GARY	5312 HOLLYCREST DRIVE	JACKSONVILLE, FL 32205

11. E-mail Address INFO@OURBOOKKEEPERS.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 02/19/2021

Daytime Phone # 786-316-6104

Typed or printed name of signing authorized representative/member

IVERSEN BLOMSETH, STEN WILMOT

A. PARISHANI

MAR 18 2021