PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY **COMPANY** REINSTATEMENT

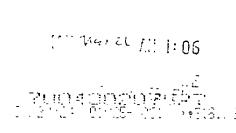


FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L21000256953

1. Limited Liability Company's Name

NN & COLLIC



ININ & CC), LLC								âE
<u>.</u>									
2. Principal Office Address - No P.O. Box#		3. Mailing Office Address			CR2E041 (1/14)				
23036 OXFORD PLACE		23036 OXFORD PLACE			4. State/Count	ry of Formation			
Suite, Apt. #, etc		Suite, Apt. #, etc.			5 5000				
C .		С					zed or Qualified ess in Florida		
City & State		City & State				6. FEI Number Applied For			
BOCA RATON, FL		BOCA RATON, FL			Q. FGI NUMBE		-	Not Applicable	
Zip	Country	Zıp		Cos	untry	7		\$5.00 Additional	
33433	Palm Beach County	33433		Pa	alm Beach Cou	CERTIFICATE OF	STATUS DESIRED .	for a certificate	of status
Name	8. Name and Address of	of Current Regi	stered Ager	nt		-			
ALLAN DO	YLE								
Street Address (P.O. Box Number is Not Acceptable) Suite, 175 FOUNTAINEBLEAU BLVD									
Apt. #, Etc 1-B									
City MIAMI				iate FL	Zip Code 33172				
9. I. being ap	ppointed the registered agent of the above	e named limited	liability com	pany, a	am familiar with and ac	cept the obligations	of Chapter 605, F.:	S.	
Signature of Registered Age	Allan Doyle						Date 02/2	26/2024	
	R	EGISTERED AGEI	YT MUST SIGN	N					
10. Names and	Street Addresses of Authorized Represe	ntatives/Manage	rs	-			, 		
Titles	Name of Authorized Representatives/ <u>Managers</u>		Street Address of Each Authorized Representati Manager				/ City / State / Zip		•
MGR	NATALIA NAVARRO)	CASTILI	LO,	CARTAGENA	COLOMBIA	CASTILLO, C	ARTAGENA (OLOMBIA
	PEINS	FATE		· .	J* # 1				
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11. E-mail Add	ress					1	1		
					re annual report notification				
12. I certify that certify that who	at I am an authorized representative/ men filing this reinstatement application to	anager or the re	eceiver or tru	stee 6	empowered to execute	this application a	s provided for in Ch y name satisfies the	apter 605, F.S. If e requirement of se	urther ection

certify that when hitrig 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.

Typed or printed name of signing authorized representative/member. Natalia Navarro