

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 21 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000517

1. Limited Liability Company's Name

NICHOLS MANAGEMENT GROUP, L.C.

2. Principal Office Address

7340 REGINA ROYALE

Suite, Apt. #, etc.

City & State

SARASOTA, FL 34238

Zip

34238

Country

SARASOTA

3. Mailing Office Address

PO BOX 3319

Suite, Apt. #, etc.

City & State

SARASOTA, FL 34230

Zip

34230

Country

SARASOTA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida MAY 14, 1997

6. FEI Number

65-0757703

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

GEORGE V FAMIGLIO

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

1634 MAIN STREET

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/1/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGM	GERALD W NICHOLS	7340 REGINA ROYALE	SARASOTA, FL 34238
MGM	JILL L MARSHALL	7340 REGINA ROYALE	SARASOTA, FL 34238
			800003244488-- 3
			-05/09/00--01061--002
			****200.00 ****200.00
			REINSTATEMENT 99.00
			dec

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

Date

4/1/00

Daytime Phone #

941-9520275

Typed or printed name of signing Managing Member/Manager