

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 29 PM 3:35

DOCUMENT # L98000002135

1. Limited Liability Company's Name

NC HOLDING, LLC

9/29/00

2. Principal Office Address

1800 OLD OKEECHOBEE ROAD

Suite, Apt. #, etc.

SUITE 200

City & State

WEST PALM BEACH, FLORIDA

Zip

Country

33409-5207 PALM BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/6/98

6. FEI Number

65-0874286

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

TRU NGUYEN

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

258 BENT OAK CIRCLE

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

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

[Signature] AS MANAGER

Date 3/20/01

REGISTERED AGENT MUST SIGN

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
MGR. MEM.	TRU NGUYEN	258 BENT OAK CIRCLE	ROYAL PALM BEACH, FL 33411
MGR. MEM.	BRIAN BETRON	480 GLEN BROOK DRIVE	LAKE WORTH, FL 33462
MGR. MEM.	CHARLES POOLE	2415 GABRIEL LANE	WEST PALM BEACH, FL 33406
MEMS.	KARL ADLER	1700 N.E. 26th ST., SUITE 4	FORT LAUDERDALE, FL 33305
MEMS.	JOHN AND LYDIA BILLIE	3041 N.E. 48th STREET	LIGHTHOUSE POINT, FL 33064
MEMS.	JOHN BILLIE, JR.	3041 N.E. 48th STREET	LIGHTHOUSE POINT, FL 33064

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

[Signature] AS MANAGER

Date 3/20/01

Daytime Phone # 561-802-5411

Typed or printed name of signing Managing Member/Manager