


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000006991			
1. Limited Liability Company's Name Northern Lights, LLC			
2. Principal Office Address 1101 Venetian Ave Suite, Apt. #, etc.		3. Mailing Office Address 1101 Venetian Ave Suite, Apt. #, etc.	
City & State Orlando FL Zip 32804 Country USA		City & State Orlando FL 32804 Zip 32804 Country USA	
4. State/Country of Formation Orlando Florida		5. Date Organized or Qualified To Do Business in Florida 10/20/99	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Sean Depasquale - MGRM			
Street Address (P.O. Box Number is Not Acceptable) 1101 Venetian Ave			
Suite, Apt. #, Etc.			
City Orlando		State FL	Zip Code 32804
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		Date 10/13/00	
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
MGRM	Sean Depasquale	1101 Venetian Ave Orlando FL 32804	Orlando FL 32804
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 10/13/00 Daytime Phone # 407 999 0060	
Typed or printed name of signing Managing Member/Manager Sean Depasquale			

FILED
00 DEC -4 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

CR2E04 (9/00)