

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

00 NOV -6 PM 1:02

DOCUMENT # **L99000009110**

1. Limited Liability Company's Name

NORLINN ENTERPRISES L.L.C.

2. Principal Office Address

**3959 SW St. Lucie
Shores Dr**

Suite, Apt. #, etc.

City & State

Palm City FL

Zip

34990

Country

USA

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2008

4. State/Country of Formation

FL - U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/31/99

6. FEI Number

52-2206283

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

Nora M. Henderson

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

3959 SW St. Lucie Shores Dr

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

Nora M. Henderson

Date **10/16/00**

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
CEO +Pres	Nora M. Henderson	(same as above)	
VP	Linn F. Henderson		

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******155.00 ****155.00**

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

Nora M Henderson

Daytime Phone #

561-468-9322

Typed or printed name of signing Managing Member/Manager

NORA M HENDERSON