

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L99000009110**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAR 28 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000009110**

1. Limited Liability Company's Name

**NORLINN ENTERPRISES L.L.C.**

01

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #  
**3959 SW ST LUCIE SHORES DRIVE**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. BOX 1744 PALM CITY, FL 34991**

Suite, Apt. #, etc.

City & State

**PALM CITY FL**

City & State

**PALM CITY**

Zip

**34990**

Country

**USA**

Zip

**34991**

Country

**USA**

4. State/Country of Formation

**FL - USA**

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**

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 **3-25-08**

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	LYNN F. HENDERSON	(same as above)	

**REINSTATEMENT**

**2001-2008**

**600121529836**

03/28/08--01002--013 \*\*1115.00

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**

Date **3-25-08**

Daytime Phone# **772-468-9322**

Typed or printed name of signing Managing Member/Manager

**NORA M HENDERSON**

**L99000009110**

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 03-28-08**

**NAME: NORLINN ENTERPRISES, LLC**

**TYPE OF FILING: REINSTATEMENT**

**COST: CK FOR \$1,115.00 ATTACHED**

**RETURN: GOOD STANDING**

**RECEIVED**  
**08 MAR 28 PM 12:51**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*BK*

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**ACCOUNT: FCA0000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

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