

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

01 MAY 10 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

2000-  
2001

300004193293--7

**DOCUMENT #** L99000009326

**1. Limited Liability Company's Name**

NEVARC, LLC

**2. Principal Office Address**  
P.O. BOX 396

**3. Mailing Office Address**  
P.O. BOX 396

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
PINELAND, FL

**City & State**  
PINELAND, FL

**Zip** 33945 **Country** USA

**Zip** 33945 **Country** USA

**4. State/Country of Formation**  
Florida/USA

**5. Date Organized or Qualified To Do Business in Florida** 12/29/99.

**6. FEI Number**  
59-3616611

**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**

Corporation Service Company

**Street Address (P.O. Box Number is Not Acceptable)**  
1201 Hays Street

**Suite, Apt. #, Etc.**

**City**

Tallahassee

**State**

FL

**Zip Code**

32301-2525

**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**

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

**Date**

5/10/01

**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
Manager	Richard C. Craven	North Captiva Island Club 13921 Water Front Drive	North Captiva, FL 33945

JB  
5-10-01

**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]*

**Date**

5/7/01

**Daytime Phone #**

946-395-3154

**Typed or printed name of signing Managing Member/Manager**

Richard C. Craven

CR2E041 (9/00)

292



ACCOUNT NO. : 072100000032

REFERENCE : 145715 11977A

AUTHORIZATION :

*Patricia Pizot*

COST LIMIT : \$ 200.00

ORDER DATE : May 10, 2001

ORDER TIME : 10:31 AM

ORDER NO. : 145715-010

CUSTOMER NO: 11977A

CUSTOMER: James M. Iseman, Jr., Esq  
Wilson & Iseman  
380 Knollwood Street, Ste.#530

Winston-salem, NC 27103

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAY 10 AM 11:29  
NOT FILED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: NEVARC, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - EXT. 1118  
EXAMINER'S INITIALS