

Florida Department of State
Division of Corporations
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TALLAHASSEE, FL 32301
16 OCT 18 PM 4:55

**LIMITED LIABILITY REINSTATEMENT
THRIFTY NICKEL ADS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

Electronic Filing Menu

Corporate Filing Menu

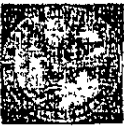
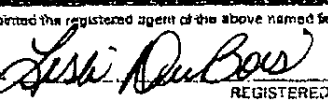
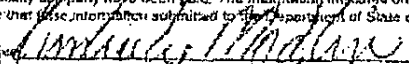
Help

OCT 17 2016
R. HUNT

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2016 OCT 17 AM 8:04

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>101000002095</u>					
1. Limited Liability Company's Name Thrifty Nickel Ads LLC					
2. Principal Office Address - No P.O. Box # 133 Eglin Pkwy., SE Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 1659 Suite, Apt. #, etc.		4. State/Country of Formation Nevada	
City & State Fort Walton Beach, FL		City & State Destin, FL		5. Date Organized or Qualified To Do Business in Florida 9/14/01	
Zip 32548	Country US	Zip 32540	Country US	6. FEIN Number 59-3738970	Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐					
8. Name and Address of Current Registered Agent					
Name NRAI Services, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation		State FL	Zip Code 33324		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 		Lisa DuBois REGISTERED AGENT		Date 10-18-2016	
10. Name and Street Address of Authorized Representatives/Managers					
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGRM	Robert L. Christensen	838 Airport Road		Destin, FL 32541	
Sec.	Kimberly S. Modlin	838 Airport Road		Destin, FL 32541	
REINSTATEMENT					
11. Email Address lmurphy@americaclassifieds.com					
12. I certify that I am an authorized representative/manager of the receiver, or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.125, F.S.					
Signature of Authorized Representative/Manager 		Date 10/17/16		Cayman Phone # 850-837-8820	
Typed or printed name of signing Authorized Representative/Manager Kimberly Modlin					