APPENDICE PRID PRID SEPARTMENT OF STATE OF STATE

FILED

02 DEC -6 科川:5

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002405

Name and Mailing Address

NASTASI MAINTENANCE LLC
50 ROCKEFELLAR PLAZA
NEW YORK NY 10020-1605

100009404691 12/05/02--01094--003 **150.00



	The second secon			A State/Countr	of Formation								
New Mailing Address				State/Country of Formation NY Date Organized or Qualified To Do Business in Florida 10/25/2001									
							incipal Plac	ce of Business	3. New Principal Place of Busines	incipal Place of Business Address		6. FEI Number	
							50 ROCKEFELLAR PLAZA NEW YORK NY 10020				11-3467590		Not Applicable
City, State, Zip	ity, State, Zip		CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status										
	8. Name and Address of Current	Registered Agent											
	RETA, MICHAEZ		Name BRA	BRAD HUNT Idress (P.O. Box Number is Not Acceptable)									
23-9	51 DEED CREEK TRAIL												
DEE	RFIELD BEACH FL 33442	•	1310 NE 27 TERRE City BM PARD BEACH FL 33062										
			CityPompA	no Beach	_/ FL	35062							
O. I bein	g appointed the registered agent of the a	bove named limited liability company,											
ignature of		20 0 1/les	5	-	Date 1//30/0	2_							
legistered A	Agent Sueup	EGISTERED AGENT MUST SIGN			Date 17 55								
1. Names	and Street Addresses of Each Managing	g Member/Manager	and the second of the control of the second										
Title(s)	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip								
MGRM			50 ROCKEFELLAR PLAZA		DEERFIELD BEACH FL								
			-										
						l							
						6)							
·			The second to be a beautiful to										
			B 42		TO COLUMN TO STATE OF THE STATE								
				-	ļ								
	• •			A TOTAL MANAGEMENT OF THE PARTY									
12. I certif	y that I am managing member/manager nis reinstatement application the reason for	or the receiver or trustee empowered of dissolution has been eliminated, the	d to execute this ap Ilmited liability con	pplication as provid npany name satisfic	led for in chapter 608, F.S. I test the requirements of section	further certify that when 608.406, F.S., and that							
all fee	nis reinstatement application the reason for some of the limited liability company hande under oath.	been paid. The information indicate	ed on this application	я із тив апо ассиг	ate, and my signature shall he	aro allo outillo logal ollooi							

Signature of Managing Member/Manager Date 10-25-2004 Daytime Phone # 2/2-432-5220