

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # M02000000152

1. Limited Liability Company's Name

NDG Snapfinger, LLC

CR2E041 (8/05)

2. Principal Office Address

227 Sandy Springs Circle

Suite, Apt. #, etc.

D103-184

City & State

Atlanta, GA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

30328

Country

USA

Zip

Country

4. State/Country of Formation

Georgia

5. Date Organized or Qualified  
To Do Business in Florida

1/15/2002

6. FEI Number

58-2578618

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

John F. Weir

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

4243 Northlake Blvd.

Suite, Apt. #, Etc.

Ste. D

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

*John F. Weir*

Date 3/15/06

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
Manager	Robert G. Hoskins	3460 Preston Ridge Rd., Ste.175	Alpharetta, GA 30005
Member	Sandra Hoskins	3460 Preston Ridge Rd., Ste.175	Alpharetta, GA 30005

REINSTATEMENT 04-06

100069534661

04/05/06--01032--007 \*\*250.00

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

*Robert G. Hoskins*

Date

3/15/06

Daytime Phone #

678-297-3400

Typed or printed name of signing Managing Member/Manager Robert G. Hoskins