

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 1:54

1. DOCUMENT # M02000001887

Name and Mailing Address

0010717 01 AT 0.292 **AUTO TS 0 0615 34231-625007



NFF GROUP, LLC
2828 CLARK RD. #7
SARASOTA FL 34231-6250

100025068444
11/26/03--01024--018 **155.00



2. New Mailing Address 2828 Clark Road #6		4. State/Country of Formation NV	
City, State, Zip Sarasota Florida 34231		5. Date Organized or Qualified To Do Business in Florida 07/19/2002	
Principal Place of Business 2828 CLARK RD. #7 SARASOTA FL 34231	3. New Principal Place of Business Address 2828 Clark Rd #6	6. FEI Number 27-0014548	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
City, State, Zip Sarasota, FL 34231		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent BYLER, RUBIN 1917 UPPER ELMWOOD AVE. SARASOTA FL 34231		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 Robert Byler REQUIRED Date REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BURTON, ROBERT	2828 CLARK RD. #7 #6	SARASOTA FL 34231
MGR	JONES, RALPH	2828 CLARK RD. #7	SARASOTA FL 34231
Mgr	Lisa Sandacz	2828 Clark Road #6	Sarasota FL 34231
REINSTATEMENT 03 Nov 10			
12. 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 SANDACZ		Date 11-7-03 Daytime Phone # 9419276970	
Typed or printed name of signing Managing Member/Manager Lisa Sandacz Manager			

CR2E084 (7/03)