

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2


FILED

2006 FEB -1 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/14/06--01037--011 **150.00

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M03000004327

1. Limited Liability Company's Name

NVEST, L.L.C.

2. Principal Office Address

604 MAIN STREET

3. Mailing Office Address

P.O. BOX 1008

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA

City & State

APOPKA

Zip

32703

Country

U.S.

Zip

32704-1008

Country

U.S.

4. State/Country of Formation

CALIFORNIA, U.S.

5. Date Organized or Qualified
To Do Business in Florida

12/24/2003

6. EFL Number

770503548

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

HOWARD A. SPEIGEL

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

1133 LOUISIANA AVE.,

Suite, Apt. #, Etc.

SUITE 214

City

WINTER PARK

State

FL

Zip Code

32789

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

See attached

Date

REGISTERED AGENT MUST SIGN

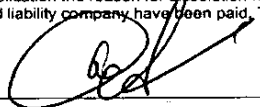
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DON GREEN	446 RIVERVIEW LN 1232 S MIRAMAR AVE.	MARIETTA GA 30067 INDIAN LAKE FL 32003
MGRM	HENRY GONG	101 KENTUCKY BLUE CIR.	APOPKA FL 32703

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



Date 1/10/06

Daytime Phone # 407 310 1718

Typed or printed name of signing Managing Member/Manager

DONALD M GREEN

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida:

1. The name of the limited liability company is: NVEST, L.L.C.

2. The mailing address of the limited liability company is: P.O. Box 1008
Apopka, FL 32704

3. Date of filing/registration in Florida 12/24/03 4. Document number MO3000004327

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Klemm, Russell E.

1065 Maitland Ctr. Commons Blvd.

Maitland, FL 32751

City, State and Zip

6. The name and address of the new registered agent and/or office:

Howard A. Speigel

1133 Louisiana Ave., Suite 214

Florida street address (P.O. Box NOT acceptable)

Winter Park FL 32789

City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

DONALD M GREEN
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00